DOCUMENT RESUME

ED 168 273 EC 114 143

AUTHOR	Lutz, Carolyn Hebden; And Others
TITLE	Preschool Services Project. July 1, 1977 to June 30, 1978. Final Report.
INSTITUTION	Montgomery County Intermediate Unit 23, Blue Bell, Pa.
PUB DATE	Oct 78
NOTE	227p.; For related information, see EC 114 144; Best copy available
EDRS PRICE	MF01/PC10 Plus Postage.
DESCRIPTORS	*Delivery Systems; Federal Legislation; *Handicapped Children; *Identification; *Individualized Programs; *Preschool Education
IDENTIFIERS	*Education for All Handicapped Children Act; Pennsylvania (Montgomery County)

ABSTRACT

The final report describes a project designed to serve preschool handicapped children in Montgomery County, Pennsylvania. Seven service components are outlined: creating public awareness of programs and services available to previously unserved handicapped individuals; locating, identifying, and verifying unserved handicapped persons; providing individualized program plans for handicapped persons; providing instructional programs and related services for preschool handicapped children for whom such programs are not mandated or otherwise available; developing and maintaining a child-tracking system; providing resource information necessary for adequate services to handicapped persons under the Education for All Handicapped Children Act, Part B (EHA-B); and to gather, summarize, and report information about EHA-B programs and services for management, accountability, and ongoing planning purposes. Sections cover major objectives, projected target groups, a project overview, component based activities, the evaluation framework, evaluation results for each program component, and dissemination. Appendixes, which make up the bulk of the document, include the following materials: sample "Starting Early" brochures (for identification of exceptional children), a preschool survey form, a sample IEP (individualized educational program), external evaluation reports, and lists of criteria by competencies. (SBH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED168273

U.S. DEPARTMENT OF HEALTH.
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

FINAL REPORT

PRESCHOOL SERVICES PROJECT

EHA-B Project No. 48-05023-460-380

July 1, 1977, to June 30, 1978

by

Carolyn Hebden Lutz, Robert H. Leiss,

and Barton B. Proger

Montgomery County Intermediate Unit 23
Special Education Center
1605-B West Main Street
Norristown, Pa. 19403

October, 1978

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Barton B. Proger

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC) AND
USERS OF THE ERIC SYSTEM."

EC114143

TABLE OF CONTENTS

PROJECT PERSONNEL 1

MAJOR OBJECTIVES 3

PROJECTED TARGET GROUPS 4

PROJECT OVERVIEW 5

COMPONENT BASED ACTIVITIES 7

EVALUATION FRAMEWORK 21

EVALUATION RESULTS 24

DISSEMINATION 30

APPENDIX A STARTING EARLY BROCHURES 31

APPENDIX B PRESCHOOL SURVEY FORM 46

APPENDIX C EARLY WARNING POSTER 54

APPENDIX D NEWS MEDIA LIST FOR TITLE VI PUBLICITY RELEASE 57

APPENDIX E PUBLIC SERVICE ANNOUNCEMENTS 60

APPENDIX F SAMPLES OF NEWS ARTICLES 67

APPENDIX G AGENDA OF CONNECT WORKSHOP 72

APPENDIX H TALLY OF MONTHLY REFERRALS 78

APPENDIX I CONFIDENTIAL HISTORY FORM 80

APPENDIX J REVISED FORMAT OF CONFIDENTIAL CHILD DEVELOPMENTAL HISTORY FORM 95

APPENDIX K EVALUATION PROGRESS SHEET 105

APPENDIX L SAMPLE IEP 108

APPENDIX M IEP PLANNING FORM 113

APPENDIX N MATERIALS USED IN SPEECH AND LANGUAGE SEMINARS 115

APPENDIX O INFORMATIONAL LETTER SENT TO DISTRICTS 132

APPENDIX P LISTS OF CRITERIA BY COMPETENCIES 136

APPENDIX Q EXTERNAL EVALUATION REPORTS 166

APPENDIX R INFORMATION ON CHILDREN SEEN AND EVALUATED 179

APPENDIX S EVALUATIONS BY DIAGNOSTIC COMPONENT 181

APPENDIX T SAMPLE IEP FROM MR CLASS 183

APPENDIX U EVALUATIVE SUMMARY 193

APPENDIX V SAMPLE IEP FROM HI CLASS 197

APPENDIX W HEARING IMPAIRED CLASS GOALS 204

APPENDIX X SCHAUMBERG CHART 207

APPENDIX Y PRESCHOOL SPEECH AND LANGUAGE PARENT DEVELOPMENT SESSIONS. . 209

PROJECT PERSONNEL

A PAID PERSONNEL

Employee	Position	Areas of Activity
Mr. David Shiery	Case Manager	Coordinating child tracking system; conducting confidential parent interviews
Ms. Bonnie Carr Ms. Marybeth Medernach-Melzer	Information Manager	Coordinating awareness campaign; assisting in child location and identification
Mrs. Bernadette McMenamin	Information Specialist	Secretary and evaluation diagnostic assistance and administrative assistance
Ms. Carol Shuback	Information Specialist	Assisting information manager
Mrs. Kathleen Bachus	Teacher of the Hearing Impaired	Instructing students in the hearing impaired preschool class
Ms. Ann Walls	Teacher of MR Class	Instructing special education students
Ms. Patricia Warliga	Teacher of MR Class	Instructing special education students
Ms. Susan Clugston	Teacher's Aide	Aiding teacher in special education
Ms. Margery Vasoli	Teacher's Aide	Aiding teacher in special education
Ms. Ann Kauffman	Project Psychologist	Performs and coordinates diagnostic evaluations
Ms. Carol Manheimer	Teacher of Communications Disorders Class	Instructing students with communication disorders
Ms. Lynne Constible	Physical Therapist	Therapy services to non-categorical classes
Ms. Kathryn Schlaudecker	Occupational Therapist	Therapy services to non-categorical classes
Ms. Susan Henry	Psychologist	Aiding in evaluation of students

Employee	Position	Areas of Activity
Ms. Laurie Frassinelli	Itinerant Speech Clinician	Therapist, Speech Services
Ms. Barbara Foos	Itinerant Speech Clinician	Diagnostic and itinerant therapy
	B. NON-PAID PERSONNEL	
Dr. Robert H. Leiss	Assistant Director of Special Education and Director of this current project	Serving as Project Director, as well as guidance in implementing preschool program activities
Mrs. Janet McBride	Supervisor of Speech and Hearing	Program Implementation, especially the hearing impaired class
Ms. Jean Kern	Educational Advisor in Speech and Hearing	Program Implementation, especially the parent training activities
Mr. Peter Boardman	Assistant Director of Special Education	Supervisor of MR classes
Mr. Marshall Siegel	Assistant Director of Speech and Language	Speech Supervisor

MAJOR OBJECTIVES

Service Component 1 - To create public awareness of programs and services available to previously unserved handicapped persons.

Service Component 2 - To locate unserved handicapped persons aged zero to 21 years; then to identify, and verify all previously unserved preschool handicapped persons.

Service Component 3 - To provide individualized program plans for handicapped persons served or assigned by means of EHA-B.

Service Component 4 - To provide instructional programs and related services for preschool handicapped persons for whom such programs are not mandated or otherwise available.

Service Component 5 - To develop and maintain a child-tracking system that meets IU, state, and national level information needs about persons served under EHA-B.

Service Component 6 - To provide resource information necessary for adequate services to handicapped persons under EHA-B.

Service Component 7 - To gather, summarize, and report information about EHA-B programs and services for management, accountability, and ongoing planning purposes.

PROJECTED TARGET GROUPS

This project was designed to serve all preschool handicapped children ages birth to 4 years, 7 months. All preschool handicapped children who were referred to, or located by, the project were eligible for service as far as resources permitted. At the minimum, this would have included the phases of awareness, location, identification, comprehensive evaluative services, and tracking services. Additionally, children were served through actual educational services for non-categorical and hearing impaired classes, from age 3 up to the school entry age of about 4 years, 7 months.

On the basis of start-of-the-year estimates of preschool handicapped children, it was anticipated that 300 children were eligible, as shown below, by age and exceptionality breakdown:

Exceptionality	0-2 years	3-5 years
Trainable Mentally Retarded Educable Mentally Retarded	20	42
Learning Disabled	5	24
Emotionally Disturbed	3	10
Other Health Impaired Crippled	8	18
Visually Handicapped	3	8
Deaf	1	5
Hard of Hearing	8	10
Speech Impaired	81	325
TOTAL	129	442

The actual numbers of children who were surveyed will be discussed in the section entitled, "Evaluation Results."

PROJECT OVERVIEW

During the third year operation of the Montgomery County Intermediate Unit's Title VI Preschool Project a number of significant changes took place which improved the overall working of many program activities. As is frequently the case, details of efficient organization are gained through experience, and through the three years of operation much has been learned regarding successful activities and avenues of approach. This year many of these refinements were implemented to create a smoothly working operation which has benefited the population that the project has been designed to serve.

Of primary interest in this regard, project staff have, over the past year, been involved in efforts to improve coordination of project activities, especially in regard to the evaluation component of operations. Staff meetings between all involved individuals, including itinerant speech therapists, consulting physicians, and all project staff, have helped to focus the resources provided to any one child. Additionally, these meetings have helped to streamline the evaluation process by consolidating opinions of professionals regarding additional elements of observation and testing which were essential for establishing the best placement for each child.

A second area in which project operations have improved is in the handling of paperwork. Because of the massive amounts of information which need to be processed for each referral, and the involvement of both full and part time professionals, much information which is collected on a child has, in the past, not been efficiently utilized. Efforts to computerize tracking of individuals by noting milestone dates has not been found to alleviate this burden. Consequently, during the past two years hand files have been relied on along with the computer inputing. This year, efforts to computerize have been temporarily abandoned, and with this decision a major effort was placed on the improvement of hand records. Over the course of the year, project staff have developed easy to manage record-keeping systems which allow increased ability for data retrieval for the project staff, and easier recognition of the current status for both active and nonactive referrals.

Additionally, the increased ability of the project to offer direct services to identified exceptional children has made the working of the referral process more positive. During this year not only have additional classes been added to the resources of the project, but the addition of a staff member to assist in the development of IEPs for all identified exceptional children has made a significant difference in the ability of the project to offer actual services to all children in need of special help.

Throughout the year project staff have noted an increasing ability of the programs to effectively and efficiently deal with the referrals and identified children which have come in contact with the program. It is hoped that in the upcoming fourth year of operations this trend towards more effective functioning will continue.

COMPONENT BASED ACTIVITIES

Service Component 1: The activities of the first component, concerned with awareness and information dissemination, are crucial to the operations of this project. As such, efforts in this area receive high priority to ensure that the maximum numbers of potential consumers of project services will be aware of available services. Ms. Marybeth Medernach-Melzer, who replaced Ms. Bonnie Carr in late September, 1977 as Information Manager, has continued many of the projects involved with the public relations of the program. In this capacity Ms. Medernach-Melzer has also initiated a number of new methods for informing potential consumers and other interested community individuals and groups of the services available through the project.

Of primary interest in terms of the new products produced this year is the "Starting Early" series of brochures for early identification of exceptional children. This professionally produced series (Appendix A) contains six pamphlets which provide early warning symptoms for identifying preschool children with hearing impairments, language delays, physical handicaps, mental retardation, visual impairments, and behavior disorders. Each of these brochures can be distributed individually, or they can be packaged together in a companion folder, "Starting Early Makes A Difference."

The production of the series took many hours of preparation and meetings with prospective printers, but the final product is highly impressive, with attractive layout, design, and use of color. The text of the brochures also retains a highly professional quality while maintaining its understandability for the average lay reader.

A second major effort during this year of project operations was the development of a comprehensive preschool directory. From the results of a specially created survey (Appendix B) which was sent to all known preschools, day care facilities, and nursery schools in Montgomery County, valuable information regarding each school's offerings, hours, size, staff, and costs were gathered. Special questions were asked to determine the resources available to handle handicapped preschoolers in these schools. From this survey responses were assembled into a directory of the preschool services found to be available in Montgomery County. This directory, although not printed or distributed during this project year, has been of immense help to the information and case managers in referring parents of children with or without identified handicapping conditions to appropriate alternate educational settings when a placement through the program classes was not available. It is hoped that the information in the directory will be available for distribution to involved individuals in the community during the upcoming operational year.

Additional efforts were made by the Information Manager to expand the audience to which the awareness campaign was directed. In this vein, Ms. Medernach-Melzer scheduled and delivered numerous program presentations, consisting of the slide/tape presentation which was developed last year. These presentations were given to diverse groups such as the Visiting Nurse Association, physician groups, area nursery school directors, and groups of interested parents.

Materials which provided background information about the project, such as the "Starting Early" brochures, were made available at special interest activities which Ms. Medernach-Melzer attended. These included such activities as the Health Fair held at North Penn High School, a MARC program on community services, and a program sponsored by the Children's

Hospital in Philadelphia.

Because of the crucial nature of the project's communication with the local medical community, project staff have worked to provide constructive dialogue with pediatricians in the county. This year notable strides were made in this regard. A special presentation of the project's goals and activities was made to North Penn Hospital Pediatricians' meeting and concerted efforts to provide relevant evaluation feedback to each doctor making referrals to the program were made. With the addition of a regular consulting staff prediatrician, avenues were also created which promoted these goals. Dr.Ralph Gallo has made many important efforts in establishing better communication lines with the medical community in general, and in the upcoming year it is expected that a large degree of success will be seen in this area.

As in the last two years, poster campaigns were conducted throughout the county to alert individuals to services offered through this project. Posters giving the Starting Early Makes a Difference message, which were produced last year (Appendix C) were again displayed in hundreds of locations. Emphasis was given in placing posters in highly visable and high-traffic locations, such as food stores, banks, and State stores, to gain as much exposure as possible.

As last year, project staff also gave informative discussions of the importance of preschool identification, and provided information regarding contacting the program, through local media sources (Appendix D). Although no television appearance was made during this year, professionally produced public service announcements were aired numerous times on local stations (Appendix E). These spots provided contact information and the services which could be obtained through the Intermediate Unit's preschool project.

Mass media advertising campaigns were conducted throughout the year in daily and weekly newspapers in Montgomery County. Through a general news release which was disseminated, several area newspapers featured an article on the project and its goals. Several of these articles are presented in Appendix F.

Additional dissemination and awareness efforts were conducted through special presentations which were given through Project CONNECT. At both the Fall and Spring CONNECT Conferences which were held regarding the IEP implementation, members of the preschool project gave short presentations of aspects of their work. Appendix G includes the agenda from the spring workshop, where Carol Manheimer, Kathy Bacchus, Ann Kauffman, Janet McBride, Linda Brown, and others provided special interest discussions.

Service Component 2: Children in the age group designated as eligible for program services were located through a number of sources, including the hundreds of inquiries by parents which were received in response to the brochures, posters, or radio announcements provided through the awareness campaign.

Additionally, as in previous years, numerous recommendations were also channeled through Intermediate Unit staff, area service agencies, and the medical community. Appendix H provides a detailed tally of the monthly referrals of children identified throughout the program year. Of course, for each of these actual referrals there were many other inquiries by parents and friends regarding problems that were beyond the areas of service of the project. Of special note in this regard, this year several hundred telephone inquiries were received asking for programs or services for gifted youngsters.

A major change in this component resulted from staff efforts to revise the format of last year's confidential history form (Appendix I). With input from all project staff, a detailed review of the content and organization of the family history form was undertaken. Large amounts of time on the part of staff members were necessary to develop the final revised format (Appendix J), which is felt to be significantly more efficient and thorough in gathering the relevant information from each family, and lends itself more readily to fast information retrieval by project staff and consultants.

Additional information has also been included in the standard information dissemination process which provides for parental approval for routine release slips which give project staff permission to give information gained from specific testing sessions with the child to the referring physician. This step in the evaluation/location phase is considered to be a vital effort in ensuring continuity of input into the child's diagnosis, as well as giving positive feedback to referring physicians which will hopefully encourage additional referrals and communication with the project.

In this project year, 238 families were contacted by the Case Manager, which is approximately the same number as last year. Although there is a slight increase in the number of black families which have been involved in the project, most of the referrals are from white average to upper income families. It was noted this year that there is an increase in the number of home visits where both parents are present. It is felt that this positive change is of value in the home reinforcement of program classes, or in the utilization of the home-based IEP. Also during the course of this year there appeared to be a decline in the number of youngsters who were diagnosed as normal after the evaluation battery. Although the exact reason for this decline in erroneous referrals is not known, it was hypothesized that it could be because of the new restriction on serving children who were eligible during the year to enter kindergarten. Because as the child grows older, abnormal development traits are more often seen as something the child will not outgrow, these children apparently are now being referred to the school district itself rather than at the preschool level.

Many positive changes were also made in the area of child evaluation. Previously, all evaluations, except the psychological, were arranged and coordinated by the Case Manager, while the psychological examination was the responsibility of the project psychologist. Under this system two secretaries were involved in the process, and the responsible staff members were based in different geographic locations. In an effort to establish a more efficient organization all evaluation services were consolidated under the project psychologist. Additionally, it was decided that the administration of all five evaluations (optometric, audiologic, speech, cognitive, and emotional), was an unnecessary expenditure of money and time. Under the system utilized this year each identified child was given only the first three listed evaluations, a procedure which has been found to be extremely effective since approximately 75% of the referrals are speech/language problems. If, after a review of the results from the three evaluations, the psychologist and evaluators decide it appropriate, the other evaluation components were recommended.

The increased responsibilities of the staff psychologist made it necessary throughout the year to utilize consultants to provide psychological services. Although the quality of these services was high, the project staff felt that there was an integration with staff which was lacking, and the high cost of these services was not the most efficient use of funding. Consequently, during the second half of the year, a 3/5 time permanent psychologist was employed. Both due to the person involved in this position, and the increased efficiency of the evaluation process, this programmatic addition is considered to be very successful.

An area of organizational difficulty which was resolved during this year was the handling of paperwork associated with the evaluation process. Because of the location difference between the diagnostic center and the main project office, student records were not readily available to staff at all times. As can be seen in Appendix K, a progress sheet was devised which provided basic information for each child. Additionally, a check-off sheet for staff-requested information also simplified the transmittal of records. This year much of this information will be consolidated when the majority of project operations move to the Lansdale diagnostic center; however, these forms will still be maintained for information transmittal to the Intermediate Unit.

The use of the diagnostic information was also improved this year. In staff meetings held informally over the lunch hour of project staff, information regarding various referrals was consolidated. At these meetings, which included the itinerant clinicians, and on occasion the project pediatrician, increased efficiency could be made of the available information in making decisions regarding additional evaluations, program placements, or recommendations for each child.

Service Component 3: During this project year, a new staff position of IEP coordinator for preschool services was added. In this position, Ms. Barbara Jones developed and helped to implement the process by which all children identified as exceptional in the project's designated age group were provided with an Individual Educational Program reflecting their individual needs. Unlike the usual situation in which the classroom teacher of school-age special education students develops and implements the IEP, many of these referrals could not be served directly by project operated classes. Consequently, some of these IEPs were developed for the purpose of at-home implementation.

For the children receiving a home-based IEP, the IEP preschool facilitator contacted the parents to schedule a program planning conference following the completion of the evaluation and a review of the evaluation results, both with staff members and with the parents. With the parents' input, the IEP was developed in a standard IEP conference, along with a member of the diagnostic team, the IEP facilitator, and anyone else the parents wished to include, such as a nursery school teacher.

If the parents were to implement the IEP at home, another conference was scheduled to discuss suggested methods, activities, and/or materials to support the IEP. In the case of a home-implemented IEP, the facilitator maintained periodic contact with the parents, and arranged for reviews and updates of the document as needed.

For those children recommended and approved by project director and parents for Intermediate Unit class placement, the classroom teacher, under the direction of the IEP facilitator, was in charge of the IEP development. Standard conferences were again held between parents, teacher, and the facilitator acting as LEA representative.

When speech therapy was recommended and approved, the assurance page of the IEP was prepared by the IEP facilitator, while the communication section was developed by the speech clinician. The IEP conference was held between the parents, clinician, and facilitator. Sample home-based and classroom IEPs are contained in Appendix L.

As can be seen in Appendix M, approximately 150 IEPs were developed or revised during this year.

Service Component 4: Based on the demand for program-run classes which has been evidenced over the past two years, needed expansion of programs was effected. There were, during the course of the school year, eight half-day sessions which operated five days a week to serve children identified as mentally retarded, hearing impaired, and communicatively disordered. Approximately 32 children were enrolled in the mentally retarded program classes, which were held in two half-day sessions of two and one-half hours each at Sandy Run School and the Highfield Elementary School. The curriculum basis of these classes was a behaviorally oriented diagnostic model. Each child had received the evaluation battery in the first six weeks of the program, and based on these and other evaluations an IEP was developed.

Support services for these children were provided by an occupational therapist and a physical therapist who made class visits once a week and whose services were integrated with the regular curriculum through informal conferences between the teachers and therapists. Behavioral objectives for each child, through the IEP, were developed on a short-and long-range basis, and were monitored on a continual basis to ensure development in all relevant areas. At the end of the year, a developmental summary for each child was written to describe the progress made in relation to IEP and project goals.

The classes for preschool hearing impaired children were continued from the previous project years, under the supervision of Mrs. Janet McBride. Approximately eight children were served by the program, which was held in two half-day sessions at Gywn-Nor Elementary School of the North Penn School

District.

The basic program philosophy associated with this program was to provide these children with a total communication experience which would foster later school integration, both in the emotional and academic areas. Each child in these classes had an IEP developed and, again, there was a day-to-day monitoring of the attainment of the preestablished goals. Actual curriculum activities for these classes, as well as a description of the evaluative processes, are discussed in more detail in the "Evaluation Results" section.

In the newly established communications disorders classes held at Plymouth Elementary School, fourteen children were served. These children, who evidenced a wide range of learning difficulties, were provided with both classroom and itinerant speech support. The two itinerant speech clinicians which were employed by the project provided speech services to both children in the project operated classes, and to "speech only" exceptional preschool children. During the year approximately 25 children were provided with this service in the Lansdale center. Also during the end of the project year a consultant was utilized to provide specialized consultation to the speech clinicians. Dr. Gary Gill of the Waseman Center, Madison, Wisconsin, assisted in observation and diagnosis of actual preschool speech referrals, and also gave general discussions of preschool speech and language topics with other project staff.

New classes for the upcoming project year are being planned to expand the services now being offered. The communication disorders class was especially effective this year, and is hoped to be expanded in the future. New plans are also being made to operate new program classes in the Western section of the county, an area which, because of its less dense population, has previously been underserved by many agencies in the county.

Another program sponsored by the project this year was the speech and language seminars held for parents and interested individuals, presented by project consultant, Ms. Jean Kern. This series of lectures, repeated from last year, provide background information regarding normal and abnormal speech development in children aged birth to six years old. (Appendix N contains materials used in these presentations.) This series of lectures has been well-received on each occasion it has been presented, and during the course of the year was given in 4 different school locations. Parents are informed about the free service through flyers which are sent home with children and general notices. To add additional awareness of options for services to preschool children, during the first lecture of this series, the Information Manager from the preschool project presents the slide/tape presentation on the classes and services available through the program.

Because of the unimpressive turnout for parent groups of MR preschoolers which were held by the project last year, this element of the program was not continued. It was felt that the amount of staff time required for these programs was not justified in terms of response and reaction.

Service Component 5: Although efforts have been continuing over the past two years to institute a computerized tracking system of children involved in the project, progress has not continued during the third year. It was found last year that despite the fact that a working tracking system program was developed as a data-base management system, the utilization of the program was hindered by the logistical problems associated with transferring the information from written to coded and input format. Consequently, the project found that it was continually maintaining a duplicate hand record which was relied upon more heavily than the computerized version.

This year, efforts to computerize were temporarily abandoned in favor of a more usable hand kept system. The efforts of Information Specialist, Ms. Carol Shuback, resulted in several refinements in this aspect of record-keeping which have improved the efficiency of the program in its tracking efforts.

As mentioned above, currently all scheduling of evaluations is being conducted by one individual. This allows a single system of records to follow individuals in their scheduled and completed evaluation series. Additionally, a new element is the staggered scheduling of evaluations. Previously, all segments of the evaluation process were scheduled during an initial scheduling meeting, held by telephone by the Information Specialist. Now only the initial evaluation is set up, and when the parents are in the building to have the evaluation session, then other evaluation dates are arranged. This in-person scheduling also eliminates the need for maps of the location of the diagnostic center in Lansdale to be mailed to each parent.

New charting systems of referral information now allow staff members to see at a glance the stages of evaluation and diagnosis for each child. Additional pertinent information regarding date of birth, name of evaluator for each test session, and status of placement is also included in the easy-to-read format.

Tracking of children under this component was also aided, as in the last two years, through sending lists of numbers of identified preschool handicapped children to the school districts. The informational letters (Appendix O) identified groups of children by age group and type of exceptionality. With this type of advance notice, it is felt that school districts can better plan the future demands of their educational program.

Service Component 6: Resource information which has been collected over the past two years of program operations has been maintained for use by the project staff and interested community members. Expansion of collected information, which has been organized by the Information Manager, includes hundreds of brochures which give background information on social service agencies, and related groups which operate and serve individuals in Montgomery County. These files of information are used in determining appropriate referrals for those individuals which the project cannot directly serve, and also assist project staff in determining answers to their questions regarding articulation with other programs.

As mentioned in this report, a slide series describing the goals and activities of the project had been developed and utilized extensively during this project year. The slide/tape presentation has been used many times in general presentations by the Information Manager to various professional and layman groups, to provide a general overview of the project. It is a very high-quality product, and is considered to be a positive introduction for individuals viewing the project for the first time.

The directory of preschool services in the area is also a noteworthy contribution to the resources gathered by the project during this year. Although it has not been distributed to the general community, the listing has been invaluable to project staff in providing relevant options to parents whose children are not served by project-run classes. The directory, organized by geographic location of school, and alphabetical order, is an easy to use reference for all interested individuals.

Service Component 7: Efforts to maintain a system of efficient program management and accountability were continually regarded as a project priority. Day-to-day efforts were made to develop successful models of handicapped preschool education both for parent and child populations. Through the efforts of project staff to maintain detailed and accurate records of relevant information much has been learned regarding the efficient operations of the program.

Additional efforts in this component area are discussed under later chapters of this report, "Evaluation Results" and "Dissemination."

EVALUATION FRAMEWORK

The project evaluation efforts can be grouped under two main headings: internal and external. The internal evaluations are those that were voluntarily arranged and conducted by project staff, while the external evaluation was mandated by the Pennsylvania Department of Education's Division of Special Education and conducted by a private consulting firm, the Institute for Educational Research (IER) of Philadelphia. For purposes of discussion, the procedures can be outlined as follows:

A. Internal Evaluation
1. Formative Evaluation
a. Staff meetings
b. Ad Hoc, Small-Group Discussions
c. Use of outside consultants
d. Year-round individual efforts to debug, evaluate and change
2. Summative Evaluation
a. Descriptive data (objective)
b. Parent/Consumer opinions (structured interviews and parent reactions)
c. Staff opinions (structured interviews)
B. External Evaluations
1. Interviews with Project Staff
2. Interviews with parents
3. Project program and class observations

The external evaluations were conducted entirely from outside the project and consequently not all details are known as to how the process was planned and conducted. Intermediate Unit staff set up an itinerary of sites to be visited, and people to be interviewed. In particular, the outside evaluators began by interviewing the Project Director and then speaking to Project Staff and also visiting classroom sites.

The internal evaluation, of course, was the one that the Project Staff controlled and which was considered to be the most thorough due to the continual collection of information throughout the year. The formative evaluation process was regarded as the most useful, in that immediate implementation could be made of this information to directly change the project's operations.

The summative phase of the internal evaluation is considered to be of primary importance because it not only reflects the final status of the project but also can be considered as a type of formative evaluation to help in planning for 1978-1979 project activities.

Three different types of internal, summative evaluation were utilized. First, various types of objective data were collected on different phases of the project (for instance, performance data on the children in hearing impaired and MR classes and summaries of the number of parents and children served). Second, structured interviews were held with Project Staff to review all aspects of project operations. Third, parents were questioned both formally and informally as to their perceptions of the success of aspects of the project.

For both program classes, there were formal, individual evaluations of the children done through the use of the IEPs and end-of-year evaluative summaries. Day-to-day evaluation of child progress was the basis of this phase of evaluation. For the hearing impaired class content criteria were developed and used to determine the individual performance of each child. The lists of criteria were broken into competencies in areas of social/

emotional, cognition, self-help, motor development, and language, as given in Appendix P.

A questionnaire was developed in past project years to assess parents' reactions to the speech and language lecture series which was held throughout the year in school districts throughout the county.

The overall, internal project evaluation was overseen by the Intermediate Unit's Coordinator of Program Evaluation Services, Dr. Barton B. Proger in conjunction with Project Director, Dr. Robert H. Leiss. The objective data on the hearing impaired classroom was gathered by Mrs. Kathleen Bachus, while the objective data on the parent training sessions was gathered by Ms. Jean Kern. Carolyn Hebden Lutz, Federal Projects Specialist, interviewed all staff members to determine their perceptions of strengths and weaknesses of the various program areas.

An auxiliary component to the evaluation framework was the use of consultants in several phases of the project. In their areas of expertise, each consultant provided quality services as well as gave insights and advice which was incorporated into the project plan. Also, the consultant was asked to comment on the operational aspects of the project as a whole, and to give any opinions as to areas which would be improved. In this double-barreled approach, the use of consultants provided both formative and summative evaluation feedback.

ACKNOWLEDGEMENTS

This report represents, in many cases, the culmination of an entire year's worth of effort in the preschool handicapped area by the following project staff. Mr. David Shiery, as Case Manager, has put forth a desirable image of the project in his work in establishing and continuing positive communication with parents. Ms. Bonnie Carr, and Ms. Marybeth Medernach-Melzer who replaced her in late September, 1977, both contributed to the project in the capacity of Information Manager, and organized efforts to increase project awareness with the general public. Mrs. Ann Kauffman has directed and coordinated the evaluation services, and has done much to make the operation of the entire project successful. Mrs. Janet McBride has labored unceasingly on behalf of the hearing impaired program classes which she supervised, while Ms. Laurie Frasinelli and Ms. Barbara Foos provided valuable speech therapy sessions. Mrs. Kathleen Bachus, teacher of the hearing impaired class, Ms. Ann Walls and Ms. Patricia Warliga, teachers of the non-categorical classes, and Ms. Carol Manheimer, teacher of communication disorders, have gone to great lengths in devising stimulative activities for their preschool students. Mr. Peter Boardman, Assistant Director of Special Education, provided direction and support for the non-categorical classes, and Mr. Marshall H. Siegel, Assistant Director of Speech, Language and Hearing Services contributed his expertise in many ways to the speech and hearing aspects of project services. Mrs. Jean Kern admirably carried out the task of conducting parent training sessions in early childhood speech and language development. Dr. Dennis Harken, Executive Director of the Intermediate Unit, has given valuable advice and continued support throughout the 1977-1978 project year.

Mrs. Marjorie Simons and Mrs. Esther Markley of the Intermediate Unit's Federal Projects Accounting Office have provided constant support in assisting with the financial management of the project.

At the state level, Dr. Gary J. Makuch, Director of the Bureau of Special and Compensatory Education has offered consultation at various times. Ms. Elaine Gilvear, Chief of Federal Projects; Mr. Carl Thornton, her assistant; and Mr. H. Eugene Hobaugh, Financial Analyst with Federal Projects; have all provided continuing support and guidance. Mr. Fred Davis, of Project CONNECT, has also given valuable advice at several times, especially in connection with the IEP phase of the project.

Finally, we are indebted to Mr. Tim Sullivan of the Federal Projects Division, who has helped us with several operating problems throughout the year.

EVALUATION RESULTS

The section on "Evaluation Framework" presented the general evaluation framework within which feedback on all aspects of the project was obtained. In this section the evaluation results are presented for each of the seven service components of the project. In this way the results of summative and formative evaluation methods that were employed throughout the year can be used to provide accountability for program activities during the 1978-1979 project year.

For each service component, elements of summative and formative evaluation and their respective sub-parts are reviewed in each case where appropriate.

The report from the first mandated, external evaluation is presented in Appendix Q.

Service Component 1: As noted in the introduction to this report, detailed tallies submitted for the required final report in compliance with the State reporting guidelines are included in the appendices to this report. In regard to activities and results of component one, the reader will note that there were substantial efforts for information dissemination which are documented by this sheet. Nearly thirty public service announcements, and numerous radio releases were prepared and utilized during the year. Additionally, this year alone over 1,000 of the newly produced brochures were released by the project.

In assessing the year's accomplishments in areas related to component one, the staff were in agreement that this year's efforts were well organized and, for the most part, successful in providing wide-area coverage for the project. Evidence is encouraging to show that awareness of these types of services is broad-based. In several cases, the project staff have been contacted by realtors who have clients moving into the area with handicapped children, who have asked for information on their behalf. Positive news coverage has also been given by the Philadelphia Evening Bulletin, (Appendix F), which provided this information in a number of news articles to many thousands of readers.

Goals for the upcoming project year include the expansion of many of the areas of dissemination which were used this year. An increased emphasis is also anticipated in coordinating other resources and agencies which are now working in the county with services which could be of use to exceptional preschool children.

Service Component 2: Despite the desire of the staff to expand its efforts in location, identification, and evaluation of students, the ability of the staff to handle many more referrals is restricted by the massive amounts of time required by each case. The new procedures implemented this year to increase the efficiency of operations in the areas of initial information gathering and child evaluation have helped immensely to effectively handle the caseload this year. It is questionable, however, if additional work would be incorporated without additional staff members.

From the recommendations throughout the past three years of project staff, efforts were made, and have been successful, in obtaining a centralized site for the project. The Intermediate Unit School for the Hearing Impaired in Lansdale (used as the diagnostic center this year) will become the new office location for all but one member of the Title VI project during the 1978-1979 year. This change in location will allow more efficient use of time of all staff, and substantially reduce costs for travel.

To provide additional evaluation data for the project, detailed tallies of evaluations scheduled and performed were maintained throughout the year. Appendix R provides information given in response to state questions regarding the numbers of children seen and evaluated. Additional information regarding the status of referrals currently being assessed but not diagnosed is also supplied. Appendix S supplies more detailed information regarding the number of children scheduled and actually receiving each of the five evaluation components. This latter type of data is considered vital in the planning and arranging of staff time, and future needs for consultant evaluators.

Service Component 3: The IEP was the basic part of individual evaluation in terms of the preschool home-based programs, as well as setting the program content itself for any project class child. For children in the MR classes, an IEP was constructed based on his diagnostic evaluation results, as well as parent and teacher input. An example of the IEP work product is contained in Appendix T. From this baseline of expected behaviors and goals, an ongoing evaluation process was used to measure expected and actual growth. When behaviors and projected goals were not in line, a more intensive assessment was conducted, and then changes were instituted where necessary. At the end of the year an evaluative summary (Appendix U) was written to provide individual evaluative information.

In the hearing impaired class situation, the IEP was part of an extensive evaluation system, as will be discussed in detail in connection with the evaluation results of the hearing impaired program. A sample IEP from this class is provided in Appendix V. Each child was continually monitored to determine if he/she was attaining the set goals. For each behavior which was accomplished, note was made so at the end of the year, summary assessment could be made of the overall growth.

The management and consultant services of Project CONNECT were utilized on two occasions during the project year to provide some input in the IEP program phase. The CONNECT inservice sessions, held in October in Allentown and May in Kulpsville, acted as forums for suggested IEP procedures. Project staff gave presentations regarding the project at both of these CONNECT workshops (Appendix G) and consequently also acted to disseminate information about the project in this way.

Service Component 4: As described in Section 8, there were four components to the instructional programs offered by the program: hearing impaired, MR, communication disorders, and sessions on normal preschool speech and language development for adults. The evaluative results for each of these areas will be discussed separately in the following sections.

Class for Hearing Impaired. As mentioned earlier, several evaluative methods were used in measuring success with hearing impaired children. Specifically, content objectives, Schaumberg Wheel evaluations by chart, IEPs, and a criterion-referenced checklist were utilized. From the detailed curriculum guide that was developed for this program, several behaviors and abilities were extracted as a reference point of class success. These goals are provided in Appendix W. The Schaumberg Wheel was used to determine areas of cognitive weakness within each child so that activities and lessons could be directed to these areas. A sample of a Schaumberg chart is given in Appendix X and shows the various areas which were successfully completed by that child (shaded areas), and those activity groupings which were deficient (large blocks of white). Lists of objectives in content areas are given in Appendix P.

Staff opinions concerning the success of the program were very favorable, and it was felt that a substantial amount of progress was made with each of the children in the program. Parents were also very enthusiastic about the classes, and feedback was given on a child's performance in numerous informal parent-teacher interactions, and in several formal parent conferences.

Although integration with normal hearing children was difficult in the present setting, in the Lansdale center where all classes will be held next year, there will be many opportunities for natural integration with hearing youngsters.

Mentally Retarded and Communication Disorders Classes. As was discussed in reference to the IEP phase of the project, the classes for these children utilized the IEP for formal individual evaluative feedback. Each child was monitored for behavior and activity accomplishments and dates of completion or the amount of mastery was noted. In many cases additional subjective evaluation of the child was made based on teacher and/or supervisor observation. This information was noted, and provided in feedback sessions to the parents in parent conferences.

Preschool Speech and Language Parent Development Sessions. The sessions held for interested parents on the topic of preschool speech and language development were very well organized and received. Appendix Y gives the numbers of parents attending each session. It was reassuring to note that the large majority of the parents attended all lectures in the series. Because of the formal nature of the presentations, no written evaluation was obtained from these participants. Some logistical problems were encountered in the arrangements that needed to be made by the districts for baby-sitting services, refreshments, appropriate room accommodations, and janitorial services. However, such difficulties were felt to be minor.

Service Component 6: Although no formal evaluation was undertaken in this component general staff reviews were consistent in rating these efforts as successful. The assembly of the preschool directory, maintenance of the service agency literature resource bibliography, and production of the brochure series were all positive and successful means to provide resources to both project staff and individuals in the community.

Service Component 7: Efforts in this component have been ongoing throughout the project year, to develop a more efficient and successful model of handicapped preschool education, both for parent and child consumption. As part of this effort, this end-of-the-year report has been developed to be comprehensive and exhaustive in its explanation of activities and purposes. The inclusion of all relevant materials which were used or produced in the project year is seen to support this composite goal. Such things as the class curricula, IEP samples, and parent workshop content, can be viewed as a dissemination effort, and an effort to provide additional accountability for program activities.

The ongoing process of evaluation of the management/accountability component provided valuable results and maintained consistency in the operations of this program. Through in-process staff meetings decisions were reached which were very responsive to program needs. Because all new directions were rationally arrived at through the group decision process, many operational and personal conflicts were avoided. Finally, presentations made regarding project operations by the information manager increased the awareness of the community in regard to services offered and presentations at the two workshops held by Project CONNECT regarding various aspects of preschool IEPs were successful in expanding dissemination and accountability efforts.

DISSEMINATION

This project has made a number of notable efforts to disseminate information about its services and resources during the third year of operations. Although many of these activities have been mentioned in the appropriate sections of this report others have been made specifically for this purpose. Consideration should be given to all the activities and work products which have been accomplished under the awareness and public information component of the project.

This comprehensive report and appendices which is also being submitted to the ERIC system will also contribute to dissemination goals. Previously noted presentations by staff at Project CONNECT workshops added to the successes in this area. Finally, the positive interactions with individual parents which are developed by the staff in assisting new referrals is felt to establish a "grapevine" with the parent community which spreads valuable information about the project and its services.

Through all these means information is being transmitted to professionals and lay individuals who can utilize the products and services offered by the project.

APPENDIX A

STARTING EARLY BROCHURES

MONTGOMERY
COUNTY
INTERMEDIATE
UNIT

SPECIAL EDUCATION CENTER

1605-B West Main Street
Norristown, Pennsylvania 19403

Phone: 539-8550

Starting Early Makes A Difference!

Starting Early with:

- Physically Handicapped Preschoolers
- Mentally Retarded Preschoolers
- Speech and Language Delayed Preschoolers
- [illegible] Impaired Preschoolers
- [illegible]

If you suspect one of these impairments in your preschooler, the Montgomery County Intermediate Unit (I.U.) has free services that can assist your child and you now.

Starting early makes a difference! If you suspect a physical handicap in your preschool child, the Montgomery County Intermediate Unit (I.U.) has free services that can assist your child and you **now.**

Physically handicapped children are those who, "because of some orthopedic impairment, such as cerebral palsy, muscular dystrophy, spina bifida, or because of some other health impairment, require special services or programs. Children with such problems possess a wide range of intellectual abilities as well as varying degrees of physical involvement ranging from severe to mild."

SERVICES FOR YOUR CHILD:

The I.U. conducts **free** diagnostic testing and evaluations for physically handicapped preschool children. Tests for your child will include speech and language, hearing and vision screenings. Pediatric, psychological, neurological and other examinations will be provided as deemed appropriate. Based on test results, the I.U. staff will recommend programs they think will be most helpful for your child during his/her preschool years. Children are referred to programs under the responsibility of the Intermediate Unit or to programs in a community agency, a medical facility or an approved private school. All information on your child is confidential and can be released only in accordance with I.U. Board approved policy.

For preschool physically handicapped services, parents or legal guardians should contact the I.U. directly.

Call 539-8550 — ask for the Information Manager.

Upon reaching school-age, you **should register** your child in your local school district. Even though you've received direct I.U. services for your child as a preschooler, all requests for educational services for your school-age child **must** be made through the school district. (Referrals to the I.U. for school-age children can only come from the local school district.)

HOW PARENTS CAN HELP . . .

. . . Encourage your child to indicate needs, ask for food or objects. Encourage your child to communicate in whatever way he/she is able. i.e., pointing, reaching, turning head, eyes, use of sounds.

. . . Talk to your child during daily activities, such as bathtime, mealtime, dressing, etc. . . This will help your child learn the meaning of words.

. . . Personal contact with family and friends is important for your child's social development. Encourage brothers and sisters to be involved in the daily care of your child. Sitting with the family at mealtime will aid development of your child's social skills.

. . . You should become familiar with correct ways of positioning and handling your child. Positioning and handling (carrying, feeding) your child correctly will help your child get the most input from his/her environment, help your child develop better eating skills and communication skills, and aid your child's motor development.

The following books and pamphlets will provide you with information on proper methods of handling your child, or information regarding agencies that can assist you. You should consult a doctor, physical therapist or occupational therapist on the best methods of handling and/or positioning your child.

FINNIE, N. — *Handling the Young Cerebral Palsied Child at Home,* E. P. Dutton & Co., 1970.

Excellent general advice on handling different types of cerebral palsy. Simple drawings are paired with written descriptions of proper ways of positioning, adaptive equipment, carriages, strollers, and chairs. The book gives specific advice on carrying, bathing, toilet training, dressing, feeding, sleeping, play, speech.

Information for Parents of Handicapped Children, The National Learning Resource Center of Pennsylvania, 443 South Gulph Rd., King of Prussia, Pennsylvania 19406.

List of agencies, child advocacy groups, sources of financial assistance.

PHELPS, W., HOPKINS, T., AND COUSINS, R. — *The Cerebral-Palsied Child: A Guide for Parents,* New York: Simon and Schuster, 1958.

A book written for parents, dealing with all facets of the cerebral palsied child's development and questions the parents might have.

The Intermediate Unit is a public school agency and is one of three parts in the state's system of public education: local school district, intermediate unit, State Department of Education. The Montgomery County Intermediate Unit provides consultative, advisory and educational services to the twenty-two school districts throughout Montgomery County.

Dr. Dennis Harken
Executive Director

Dr. J. Steven Banks
Director of Special Education

Dr. Robert H. Leiss
Project Director

The Preschool Project is supported through Title VI, Part B, EHA.

MONTGOMERY COUNTY
INTERMEDIATE UNIT

Special Education Center

1605-B West Main Street
Norristown, Pennsylvania 19403

Phone: 539-8550

Starting Early with . . .

Physically Handicapped Preschoolers

For example:

(a) It may be easier for your child to learn undressing than dressing skills. Use simple clothes, without buttons or zippers (mittens, hat, socks, etc.) and show your child how to take them off. Make a game out of undressing. Provide a variety of hats for your child to try, such as a baseball hat, daddy's hat, etc. Use hats larger than your child's head and play peek-a-boo.

(b) When toilet training, establish a regular routine. Be consistent: same time, same place. Place a training chair in the corner of a room where you spend the most amount of time. As your child progresses, the training chair can be moved, step by step, closer to the bathroom until your child is ready to make the transition to the regular toilet.

The Intermediate Unit is a public school agency and is one of three parts in the state's system of public education: local school district, intermediate unit, State Department of Education. The Montgomery County Intermediate Unit provides consultative, advisory and educational services to the twenty-two school districts throughout Montgomery County.

Dr. Dennis Harken
Executive Director

Dr. J. Steven Banks
Director of Special Education

Dr. Robert H. Leiss
Project Director

The Preschool Project is supported through Title VI, Part B, EHA.

MONTGOMERY COUNTY
INTERMEDIATE UNIT

Special Education Center

1605-B West Main Street
Norristown, Pennsylvania 19403

Phone: 539-8550

Starting Early with . . .

Mentally Retarded Preschoolers

Starting early makes a difference! If you suspect your preschool child may be mentally retarded, the Montgomery County Intermediate Unit (I.U.) has free services that can assist your child and you **now.**

For educational purposes there are three levels of mentally retarded:

Educable Mentally Retarded Children (EMR) — children whose social, physical, self-help (dressing, feeding, toileting), cognitive, communication and motoric behavior is mildly impaired. His or her I.Q. score is lower than 80.

Trainable Mentally Retarded Children (TMR) — children whose social, physical, self-help (dressing, feeding, toileting), cognitive, communication and motoric behavior is moderately impaired and whose I.Q. score is lower than 55.

Severely and Profoundly Mentally Retarded Children (S/PMR) — children whose social, physical, self-help (dressing, feeding, toileting), cognitive, communication and motoric behavior is severely impaired and whose I.Q. score is lower than 30.

SERVICES FOR YOUR CHILD:

The I.U. conducts **free** diagnostic testing and evaluations for mentally retarded preschool children. Tests for your child will include speech and language, hearing and vision screenings. Pediatric, psychological, neurological and other examinations will be provided as deemed appropriate. Based on test results, the I.U. staff will recommend programs they think will be most helpful for your child during his/her preschool years. Children are referred to programs under the responsibility of the Intermediate Unit or to programs in a community agency, a medical facility or an approved private school. All information on your child is confidential and can be released only in accordance with I.U. Board approved policy.

For preschool services for mentally impaired children, parents or legal guardians should contact the I.U. directly.

Call 539-8550 — ask for the Information Manager.

Upon reaching school-age, you **should register** your child in your local school district. Even though you've received direct I.U. services for your child as a preschooler, all requests for educational services for your school-age child **must** be made through the school district. (Referrals to the I.U. for school-age children can only come from the local school district.)

HOW PARENTS CAN HELP . . .

. . . Respond with speech to your child's gestures. i.e., When your child points to a toy, ask, "You want the ball?" As you hand him/her the ball say "ball".

. . . Sit your child in an infant seat so he/she is able to view surroundings. Talk to your child and smile or use a noisemaker (rattle) to stimulate his/her looking behavior.

. . . Choose a sound your child has made naturally in his/her vocal play. Say the sound and have him/her repeat it. When your child can do this begin to have him/her imitate sounds he/she does not produce spontaneously.

. . . Allow your child space for crawling. Place a colorful toy or object close to your child's hand so he/she will make a slight hand movement. Slowly move the toy a little further from reach until your child is crawling.

. . . Use familiar objects (toys, cup, bottle) to teach your child speech. When your child is holding a ball, say, "ball." Have child say "ball" when you point to it. Later, expand single words by combining them with another. When your child says "toy," say, "big toy, my toy, toy on table." Encourage your child to say words together.

. . . Have your child grasp your fingers, then pull him/her to a standing position. Slowly withdraw your support so that your child is balancing on his/her own. Place a bar in the doorway so your child can stand and watch things outside.

. . . Personal contact with the family and neighbors is important for your child's social development. Encourage brothers and sisters to be involved in your child's daily care. Allow your child to sit with family at mealtime or when family is sitting around talking.

. . . Do not excuse unacceptable behavior. Rules and discipline for siblings and peers also should apply to him/her.

. . . Support your child under his/her arms. Slowly withdraw your assistance, until your child is able to walk on his/her own. Give your child opportunities to practice walking and climbing stairs with help. Play a walking game, carrying objects to family members.

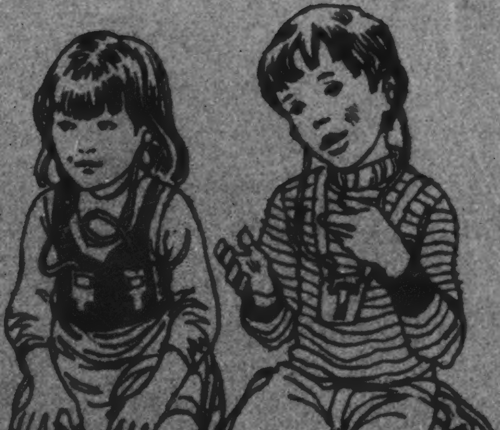
. . . Let your child become familiar with the parts of his/her body and to know them by name. Play a game in which the parts of the body are names: "Where is your nose?" The child points to his/her nose. Your child may enjoy playing games where he/she follows directions, such as: nod your head, clap your hands, kick your foot, take a bow, etc. . .

. . . Play listening games such as pat-a-cake, ring-around-the-rosie, marching in time to music, farmer-in-the dell, etc. . .

. . . Allow plenty of time for your child to learn self-help skills, dressing, feeding, toileting. Make allowances for this extra time and have him/her complete tasks. Make tasks short enough to hold his/her interest until he/she is through.

Starting Early with . . .

Hearing Impaired Preschoolers



Starting early makes a difference! If you suspect a hearing impairment in your preschool child, the Montgomery County Intermediate Unit (I.U.) has **free** services that can assist your child and you **now.**

The most important thing about a hearing impairment is that it may affect many aspects of your child's development. Depending on the nature of the hearing impairment, it may affect the child's speech and language development, voice quality, educational achievement, and social or emotional adjustment.

Warning Signs that your child may not hear:

If your child . . .

. . . does not turn his/her head toward sound or react to it in some other way by six months

. . . does not babble or try to imitate sounds other people make at six months

. . . appears to hear at some times, but not at others

. . . does not respond when called from behind or from a distance

. . . does not respond to meaningful sounds inside and outside the house

. . . confuses the meaning of words which sound alike

. . . confuses directions, or says "What?" or "Huh?" more than other children his/her age

. . . turns up the volume on the radio or TV louder than the rest of the family prefers

. . . prefers activities which require looking rather than listening

. . . has allergies, many colds, ear infections, and sore throats

Serious hearing problems are usually detected during the preschool years, though some hearing impaired children may not be identified until they start school. If you suspect a problem . . . now is the time to have your child tested.

SERVICES FOR YOUR CHILD:

The I.U. conducts **free** diagnostic testing and evaluations for hearing impaired preschool children. Tests for your child will include speech and language, hearing and vision screenings. Pediatric, psychological, neurological and other examinations will be provided as deemed appropriate. Based on test results, the I.U. staff will recommend programs they think will be most helpful for your child during his/her preschool years. Children are referred to programs under the responsibiltiy of the Intermediate Unit or to programs in a community agency, a medical facility or an approved private school. All information on your child is confidential and can be released only in accordance with I.U. Board approved policy.

For preschool hearing impaired services, parents or legal guardians should contact the I.U. directly.

Call 539-8550 — ask for the Information Manager.

Upon reaching school-age, you **should register** your child in your local school district. Even though you've received direct I.U. services for your child as a preschooler, all requests for educational services for your school-age child **must** be made through the school district. (Referrals to the I.U. for school-age children can only come from the local school district.)

HOW PARENTS CAN HELP . . .

. . . Before entering your child's room, give him/her a chance to hear you before he/she sees you. Knock on the door or call his/her name.

. . . Listen to music, dance and sing along. When the music stops, everyone should stop singing and dancing. This will help teach your child an awareness to sound being on and off.

. . . Point out various sounds inside and outside the house, then point to your ear and say "Listen, I heard an airplane (blender, fire truck, etc.)."

. . . Practice listening by giving simple commands and questions: "Where is your coat?", "Go find Daddy."

. . . Play listening games such as pat-a-cake, ring-around-the-rosie, marching in time to music, farmer-in-the-dell, etc.

. . . The further away your child is from the speaker and the more noise there is in the room, the more difficulty he/she will have in understanding.

. . . Consistent medical care for the ears is essential. Ear infections, colds, wax, allergies, etc. may reduce hearing.

. . . Remember, a hearing impaired child needs limits and love just as much as any other child.

The Intermediate Unit is a public school agency and is one of three parts in the state's system of public education: local school district, intermediate unit, State Department of Education. The Montgomery County Intermediate Unit provides consultative, advisory and educational services to the twenty-two school districts throughout Montgomery County.

Dr. Dennis Harken
Executive Director

Dr. J. Steven Banks
Director of Special Education

Dr. Robert H. Leiss
Project Director

The Preschool Project is supported through Title VI, Part B, EHA.

MONTGOMERY COUNTY
INTERMEDIATE UNIT

Special Education Center

1605-B West Main Street
Norristown, Pennsylvania 19403

Phone: 539-8550

Starting Early with . . .

Visually Impaired Preschoolers

Starting early makes a difference! If you suspect a visual impairment in your preschool child, the Montgomery County Intermediate Unit (I.U.) has **free** services that can assist your child and you **now.**

Visually impaired refers to both blind and partially seeing children. The blind child does not have enough vision to use for learning purposes, and often needs to use the senses of touch and listening to learn. The partially seeing child has enough vision to use for learning purposes but often needs certain modifications in methods of learning or materials used because of the limited vision.

A child may have a vision problem if he/she . . .

. . . does not help-hold a bottle or cup while drinking by age one.

. . . frequently rubs his/her eyes or complains that eyes hurt.

. . . is unable to perform simple pantomine, like pat-a-cake by age one.

. . . blinks a lot.

. . . shuts one eye or covers one eye and pushes his/her head forward when looking at an object.

. . . squints or narows his/her eyes in the presence of light.

. . . is unable to fetch or carry familiar object from one person in one room to a person in another room on request by age two.

. . . has red or watery eyes.

. . . has recurring styes.

. . . crosses his/her eyes.

. . . cannot put pegs in large pegboard without help by age three.

Serious visual problems are usually detected during the preschool years, though partially seeing children may not be identified until they start school. If you suspect a problem . . . **now** is the time to have your child tested.

SERVICES FOR YOUR CHILD:

The I.U. conducts **free** diagnostic testing and evaluations for visually impaired preschool children. Tests for your child will include speech and language, hearing and vision screenings. Pediatric, psychological, neurological and other examinations will be provided as deemed appropriate. Based on test results, the I.U. staff will recommend programs they think will be most helpful for your child during his/her preschool years. Children are referred to programs under the responsibility of the Intermediate Unit or to programs in a community agency, a medical facility or an approved private school. All information on your child is confidential and can be released only in accordance with I.U. Board approved policy.

For preschool visually impaired services, parents or legal guardians should contact the I.U. directly.

Call 539-8550 — ask for the Information Manager.

Upon reaching school-age, you **should register** your child in your local school district. Even though you've received direct I.U. services for your child as a preschooler, all requests for educational services for your school-age child **must** be made through the school district. (Referrals to the I.U. for school-age children can only come from the local school district.)

HOW PARENTS CAN HELP. . .

. . . Keep the tone of your voice pleasant. Gestures and facial expressions are missed by the blind child and he/she relies on your voice as a means of understanding the situation.

. . . Talk to your child about the things around him/her. Remember, he/she is not able to learn by watching. Your child learns from the things he/she hears and touches.

. . . Help your child understand big, little, tall, long, short, same and different. Ask your child to compare objects around the house: "Daddy's hat is big; your's is little." "I have a long ribbon; baby has a short one." Let the child pick up and examine objects about the house.

. . . Allow your child to help with simple tasks such as putting groceries away. Compare the sizes of boxes, cans, etc.

. . . Talk with your child beforehand about trips and what he/she may expect to find there. He/she will be less frightened about a doctor's visit if he/she knows what to expect. When on a trip talk about all the new sounds he/she hears. Encourage your child to ask questions about them.

. . . Let your child become familiar with the parts of his/her body and to know them by name. Play a game in which the parts of the body are names: "Where is your nose?" The child points to his/her nose. Your child will enjoy playing games where he/she follows directions, such as: nod your head, clap your hands, kick your foot, take a bow, etc.

. . . Help your child learn different sounds. Play with several toys that make noise such as a drum, a bell, a stick. Ring the bell and tell him/her, "This is the bell." Do the same with the other objects. Then ring the bell and ask, "What sound was that?"

. . . Help your child recognize the different sounds around the house; someone walking up the stairs, the door bell, someone walking in another room.

The Intermediate Unit is a public school agency and is one of three parts in the state's system of public education: local school district, intermediate unit, State Department of Education. The Montgomery County Intermediate Unit provides consultative, advisory and educational services to the twenty-two school districts throughout Montgomery County.

Dr. Dennis Harken
Executive Director

Dr. J. Steven Banks
Director of Special Education

Dr. Robert H. Leiss
Project Director

The Preschool Project is supported through Title VI, Part B, EHA.

MONTGOMERY COUNTY
INTERMEDIATE UNIT

Special Education Center

1605-B West Main Street
Norristown, Pennsylvania 19403

Phone: 539-8550

APPENDIX B

PRESCHOOL SURVEY FORM

MONTGOMERY
COUNTY
INTERMEDIATE
UNIT
SPECIAL EDUCATION CENTER • 1605-B WEST MAIN ST • NORRISTOWN, PA 19401 • 215-539-8550

December 15, 1977

TO WHOM IT MAY CONCERN:

Currently, the Montgomery County Intermediate Unit is developing a comprehensive listing of preschool services within Montgomery County. We hope to include you in our listing.

Please fill out the attached questionnaire and mail it back to my attention at the above address of the Montgomery County Intermediate Unit by January 13, 1978, as to meet our deadline. If you do not wish to be included please mail back the questionnaire stating so. If we do not hear from you by January 13, 1978, you will not be included.

When the directory is completed we will be happy to send you a copy.

Thank you for your time and help with this matter.

Sincerely,

MARYBETH MEDERNACH-MELZER
TITLE VI INFORMATION MANAGER
PRESCHOOL SERVICES

MMM/cs

Attachment

QUESTIONNAIRE FOR PRESCHOOL SERVICES IN MONTGOMERY COUNTY

NAME & ADDRESS: ____

____

CONTACT PERSON: ____

PHONE NO.: ____

SCHOOL DISTRICT ____

ELIGIBILITY INFORMATION:

Fee: __________
Age Range: __________
Area Served: __________

PROGRAM INFORMATION:

Days: ______________________________
Sessions: ______________________________
Hours: ______________________________
Programs: ______________________________

HANDICAPPING CONDITIONS SERVED: ________________________________

____

ADDITIONAL SERVICES: ____

____

STAFF AVAILABLE: ____

LICENSED BY: ____

RETURN TO:

Montgomery County Intermediate Unit
Special Education Center
1605-B West Main Street
Norristown, Pennsylvania 19401

ATTN: Ms. Marybeth Medernach-Melzer
Title VI Information Manager
Preschool Services

MONTGOMERY
COUNTY
INTERMEDIATE
UNIT
SPECIAL EDUCATION CENTER • 1605-B WEST MAIN ST • NORRISTOWN, PA. 19401 • 215-339-8550

DATE:

TELEPHONE:

AGENCY:

ADDRESS:

PRIMARY INTAKE PERSON:

1. What types of exceptional children do you serve?

Educable Mentally Retarded ______

Trainable Mentally Retarded ______

Severely & Profoundly Mentally Retarded ______

Socially & Emotionally Disturbed ______

Physically Handicapped ______

Brain Injured (L.D.) ______

Hearing Impaired ______

Visually Impaired ______

Speech & Language Impaired ______

Gifted ______

Other (Specify) ______

2. How do you have parental involvement in your program?

(a) Type

Group ______

Family Counseling ______

Individual ______

(b) Frequency

Weekly ______

Monthly ______

Yearly ______

As Needed ______

Other (Specify) ______

3. What kinds of professional services are offered by your agency?

Social Services ______

Teacher Areas ______

Physicians ______

Psychiatrist ______

Psychologist ______

Hearing Specialist ______

Vision Specialist ______

Speech Pathologist ______

Physical Therapist ______

Occupational Therapist ______

Other (Specify) ______

4. Source of program funds?

Self-Initiated Campaign ______
State ______
Federal ______
Foundations ______
United Fund ______
Endowment ______
Parental Resources ______
Other (Specify) ______

(a) What are the costs to parents?

5. Do you have a day-program?

Yes ______ No ______

6. If you have a residential program, what is the staff/child ratio?

(a) What are the costs to parents?

7. What types of information are required for a referral?

Psychological Report ______
Psychiatric Report ______
Social History ______
Medical ______
Other (Specify) ______

(a) Does the agency do the workup? Yes ______ No ______

(b) If no, who does? ______________________________

(c) How quickly can a child be evaluated? ______________________

(d) What are the costs to parents? ________________________

(e) How long does it take to get a child involved in the program?

2 weeks ______
1 month ______
3 months ______
Other (specify) ______

8. Are there any religious or racial requirements?

Yes ______
No ______
Specify ______________________________________

9. What are the age groups of children served?

0 - 2 years ______

3 - 5 years ______

6 - 10 years ______

11 - 15 years ______

16 - 21 years ______

Over 21 years ______

10. Who accepts calls for intake referrals?

Name ______________________________

11. Does the intake person follow through with each placement referral?

Yes ______

No ______

Name ______________________________

OTHER COMMENTS:

APPENDIX C

EARLY WARNING POSTER

Starting Early Makes A Difference!

If you think that your preschool-age child has
a growth or learning problem, the Montgomery County Intermediate Unit has *FREE* services that can
help your child and you *NOW.*
The I.U. offers to children, ages 0-5 years,
a series of free tests to determine if a problem *does* exist. The I.U. can assist you in finding
the special services your child may need.

For more information call:
The Montgomery County Intermediate Unit Preschool Services
Phone: 539-8550, Ext. 262

MONTGOMERY COUNTY
INTERMEDIATE UNIT
1605-B West Main Street • Norristown, PA • 19401

The I.U. is a p

APPENDIX D

NEWS MEDIA LIST FOR TITLE VI PUBLICITY RELEASE

NEWS MEDIA LIST FOR TITLE VI PUBLICITY RELEASE

TV STATIONS:

KYW (Channel 3)
Independence Mall East
Philadelphia, Pa. 19106
(238-4700)

WPVI (Channel 6)
4100 City Line Avenue
Philadelphia, Pa. 19131
(TR8-9700)

WCAU (Channel 10)
City Line & Monument Ave.
Philadelphia, Pa. 19131
(TE9-7000)

WPHL (Channel 17)
501 Wynnefield Avenue
Philadelphia, Pa. 19131
(TR8-1700)

WTAF (Channel 29)
4th & Market Streets
Philadelphia, Pa. 19106
(WA5-2929)

WKBS (Channel 48)
3201 S. 36th Street
Philadelphia, Pa. 19145
(DE6-6400)

RADIO STATIONS:

Philadelphia

WCAU
City Line & Monument Avenue
Philadelphia, Pa. 19131
(TE9-7000)

WFIL
City Line & Monument Avenue
Philadelphia, Pa. 19131
(TR9-1600)

KYW
5th & Market Streets
Philadelphia, Pa. 19106
(238-4700)

WDAS
Belmont & Edgeley Rd.
Philadelphia, Pa. 19131
(TR8-2000)

WIBG
117 Ridge Pike
Lafayette Hill, Pa. 19444
(CH2-6300)

WIP
19th & Walnut Streets
Philadelphia, Pa. 19103
(LO8-2900)

County

WNPV
P.O. Box 1440
Lansdale, Pa. 19446
(855-8211)

WPAZ
P.O. Box 638
Pottstown, Pa. 19464
(326-4000)

WNAR
Box 431
Norristown, Pa. 19404
(272-7600)

NEWSPAPERS:

Philadelphia

BULLETIN
30th & Market Streets
Philadelphia, Pa. 19101
(662-7550)

INQUIRER
400 N. Broad Street
Philadelphia, Pa. 19101
(854-2000)

COUNTY DAILIES:

TIMES HERALD
Norristown, Pa.
(272-2500)

POTTSTOWN MERCURY
Hanover & King Streets
Pottstown, Pa. 19464
(323-3000)

NORTH PENN REPORTER
307 Derstine Avenue
Lansdale, Pa. 19446
(855-8440)

*TODAY'S POST
750 Moore Road
King of Prussia, Pa. 19406
(337-1700)

*TODAY'S SPIRIT
Hatboro, Pa.

*Affiliated Papers

COUNTY WEEKLIES:

*AMBLER GAZETTE
Ft. Washington, Pa. 19034
(MI6-5100)

*MONTGOMERYVILLE SPIRIT
Montgomeryville, Pa.

*THE WILLOW GROVE GUIDE
Willow Grove, Pa.

*GLENSIDE NEWS
Glenside, Pa.

*TIMES-CHRONICLE
413 Johnson Street
Jenkintown, Pa. 19046
(TU4-4775)

*SPRINGFIELD SUN
Oreland, Pa.

INDEPENDENT
307 Main Street
Collegeville, Pa. 19426
(489-9353)

INDEPENDENT
21 S. Front Street
Souderton, Pa. 18964
(723-4802)

SCHWENKSVILLE ITEM
Schwenksville, Pa. 19473
(287-8131)

MAIN LINE TIMES
311 E. Lancaster Avenue
Ardmore, Pa. 19003
(MI2-4300)

REPORTER
22 2nd Avenue
Royersford, Pa. 19468
(948-4850)

TOWN AND COUNTRY
On the Square
Pennsburg, Pa. 18073
(679-9561)

*Affiliated Papers

APPENDIX E

PUBLIC SERVICE ANNOUNCEMENTS

MONTGOMERY
COUNTY
INTERMEDIATE
UNIT
SPECIAL EDUCATION CENTER • 1605-B WEST MAIN ST • NORRISTOWN, PA 19401 • 215-539-8550

January 16, 1978

RADIO & TV STATIONS
FOR IMMEDIATE RELEASE

MEMO TO ALL TRAFFIC MANAGERS:

I have enclosed copy for 10-second, 15-second, and 30-second public service announcements.

We will appreciate your airing these as frequently as time allows.

If any of the information needs clarification, please feel free to contact me.

Thank you for your interest and support.

Sincerely,

MARYBETH MEDERNACH-MELZER, INFO. MGR.
TITLE VI PRESCHOOL SERVICES, EXT. 252

MMM/cs

Encls.

30-Second Spot Announcement
Marybeth Medernach-Melzer, Info. Manager

Is your child having trouble with walking...playing...talking...hearing...seeing? If you live within Montgomery County, the Montgomery County Intermediate Unit Preschool Project has free services that may aid your child and you now. The preschool program will test your child and help find the special programs he needs. Now is the time to do something...Before your child begins school... Call the Montgomery County Intermediate Unit's Preschool Project at 539-8550, extension 253.

30-Second Spot Announcement

Marybeth Medernach-Melzer, Info. Manager

Are you wondering if your preschool child has special needs? The special needs may be a physical handicap, an emotional problem...trouble with speech or hearing...or maybe the child is just slow to learn. Now is the time to begin to solve your child's problems, before he begins school. If you live in Montgomery County, the Montgomery County Intermediate Unit Preschool Project has free services that may aid both your child and you now. Call 539-8550, extension. 253.

15-Second Spot Announcement

Marybeth Medernach-Melzer, Info. Manager

The Montgomery County Intermediate Unit has free services that may aid your child and you now. If you live in Montgomery County and think your child may have trouble learning, for any reason, call the Intermediate Unit at 539-8550, extension 253.

10-Second Spot Announcement
Marybeth Medernach-Melzer, Info. Manager

Are you wondering if your preschool child needs special help? If you live in Montgomery County, call the Montgomery County Intermediate Unit at 539-8550, Extension 253.

10-Second Spot Announcement

Marybeth Medernach-Melzer, Info. Manager

The Montgomery County Intermediate Unit has free educational and diagnostic services for preschool handicapped children. For more information call 539-8550, extension 253.

APPENDIX F

SAMPLES OF NEWS ARTICLES

frequently turns
V up louder than
mily prefers.
suspect a problem
o call the I.U.
The I.U. under-
ress parents go
their child is not
the same rate as
The handicapping
your fault: How-
our responsibility
d parent to see
gets the special
e needs. Starting
ke a difference.
ormation, call the
County Intermed-
reschool project,
253.

Phila., Pa. 19124.

6 YEARS

Montco IU offers aid to handicapped kids

Are you wondering if your child is different? Does your child have trouble doing things that other children his age manage easily? In some cases, children who are slow to learn may have a handicapping condition. And the earlier you get help, the better it is for your child and your family.

The Montgomery County Intermediate Unit (I.U.) has free services that can aid your child and you now. The I.U.'s Preschool Project, which is federally funded, was organized to locate, identify, and serve all handicapped children in Montgomery County from birth to school age.

Children for the program will be identified by a process of multidisciplinary assessment provided by I.U. staff. In multidisciplinary assessment, professionals from different fields examine a child, and get together to decide on a program they think will be most helpful for your child during his preschool years.

If for any reason you suspect that your child may have special needs, we urge you to seek help immediately–don't wait until your child enters school before you begin to deal with the problem.

Some warning signs that a child may need help are: is unable to pick up small objects which have been dropped, frequently rubs eyes or complains that eyes

bye-bye by age one; does not react to own name when called by age one; is unable to identify hair, eyes, ears, nose, and mouth by pointing to them by age two; is unable to sit up without support by age one; does not walk up and down stairs by age three; does not turn to face the source of strange sounds or voices by six months of age; has frequent ear aches or running ears; talks in unusually loud voice; frequently turns the radio or TV up louder than the rest of the family prefers.

Parents who suspect a problem are advised to call the I.U. immediately. The I.U. understands the stress parents go through when their child is not developing at the same rate as other children. The handicapping condition is not your fault! However, it is your responsibility as a concerned parent to see that your child gets the special attention that he needs. Starting early DOES make a difference! For further information, call the Montgomery County Intermediate Unit Preschool Project, 539-8550, Ext. 253.

North + Northeast News Edition

e Evening Bulletin Tuesday, January 3, 1978

p Owner
iolations

a private school. They said they have
a binding agreement to get the build-

DECEMBER 13, 1977

BUCKS-MONT COURIER

Starting Early Child Development Makes a Difference

Are you wondering if your child is different? Does your child have trouble doing things that other children his age manage easily? In some cases, children who are slow to learn may have a handicapping condition. And the earlier you get help, the better it is for your child and your family.

The Montgomery County Intermediate Unit (I.U.) has free services that can aid your child and you now. The I.U.'s Preschool Project, which is federally funded, was organized to locate, identify, and serve all handicapped children in Montgomery County from birth to school age.

Children for the program will be identified by a process of multidisciplinary assessment provided by I.U. staff. In multidisciplinary assessment, professionals from different fields examine a child, and get together to decide on a program they think will be most helpful for your child during his preschool years.

If for any reason you suspect that your child may have special needs, we urge you to seek help immediately--don't wait until your child enters school before you begin to deal with the problem.

Some warning signs that a child may need help are: is unable to pick up small objects which have been dropped; frequently rubs eyes or complains that eyes hurt; cannot say Mama or Dada by age one; cannot say the names of a few toys and people by age two; does not play games such as peek-a-boo, patty cake, waving bye-bye by age one; does not react to own name when called by age one; is unable to identify hair, eyes, ears, nose, and mouth by pointing to them by age two; is unable to sit up without support at age one; does not walk up and down stairs by age three; does not turn to face the source of strange sounds or voices by six months of age; has frequent ear aches or running ears; talks in unusually loud voice; frequently turns the radio or TV up louder than the rest of the family prefers.

Parents who suspect a problem are advised to call the I.U. immediately. The I.U. understands the stress parents go through when their child is not developing at the same rate as other children. The handicapping condition is not your fault. However, it is your responsibility as a concerned parent to see that your child gets the special attention that he needs. Starting early does make a difference. For further information, call the Montgomery County Intermediate Unit Preschool project, 539-8550, ext. 253.

10 THE TIMES HERALD, NORRISTOWN, PA.
Friday, August 4, 1978

Preschoolers' Special Needs May Receive Help From I.U.

The Montgomery County Intermediate Unit's (I.U.) Preschool Project has announced the availability of its new exceptionality brochures, "Starting Early Makes a Difference!"

Each brochure briefly describes a specific growth or learning problem, tells of the free services the I.U. offers and suggests home activities for children with special needs.

The preschool project, which is federally funded, is a program, free of charge, for children from birth to school-age, who have special needs. The special need may be a physical handicap, an emotional problem, trouble with speech or hearing, or the child may be slow to learn various skills.

In order to detect any problem that could affect a child's ability to learn, the I.U. conducts diagnostic testing and evaluations, free of charge. If appropriate, the child may be referred to one of the I.U.'s preschool classes or to another community agency providing programs for preschool children and their families.

For additional information or for free copies of the exceptionality brochures, call the Intermediate Unit Special Education Center at 530-8550, extension 253, or write to the Montgomery County Intermediate Unit, Title VI Preschool Project, 1605-B W. Main St., Norristown, Pa., 19403.

PAGE 28 BUCKS-MONT COURIER AUGUST 8, 1978

County Unit Offers Brochures for Learning Problems

The Montgomery County Intermediate Unit's (I.U.) Preschool Project is pleased to announce the availability of its new exceptionality brochures, "Starting Early Makes a Difference!" Each brochure briefly describes a specific growth or learning problem, tells of the free services the I.U. offers and suggests home activities for children with special needs.

The Preschool Project

ality brochures, please call the Intermediate Unit Special Education Center at 539-8550, Extension 253 or write to the Montgomery County Intermediate Unit, Title VI Preschool Project, 1605-B West Main Street, Norristown, PA 19403.

The Montgomery County Intermediate Unit's (I.U.) Preschool Project has announced the availability of its new exceptionality brochures, "Starting Early Makes a Difference!"

Each brochure briefly describes a specific growth or learning problem, tells of the free services the I.U. offers and suggests home activities for children with special needs.

The preschool project, which is federally funded, is a program, free of charge, for children from birth to school-age, who have special needs. The special need may be a physical handicap, an emotional problem, trouble with speech or hearing, or the child may be slow to learn various skills.

In order to detect any problem that could affect a child's ability to learn, the I.U. conducts diagnostic testing and evaluations, free of charge. If appropriate, the child may be referred to one of the I.U.'s preschool classes or to another community agency providing programs for preschool children and their families.

For additional information or for free copies of the exceptionality brochures, call the Intermediate Unit Special Education Center at 539-8550, extension 253, or write to the Montgomery County Intermediate Unit, Title VI Preschool Project, 1605-B W. Main St., Norristown, Pa., 19403.

PAGE 28 BUCKS-MONT COURIER AUGUST 8, 1978

County Unit Offers Brochures for Learning Problems

The Montgomery County Intermediate Unit's (I.U.) Preschool Project is pleased to announce the availability of its new exceptionality brochures, "Starting Early Makes a Difference!" Each brochure briefly describes a specific growth or learning problem, tells of the free services the I.U. offers and suggests home activities for children with special needs.

The Preschool Project, which is federally funded, is a free program for children from birth to school-age with special needs. The special need may be a physical handicap, an emotional problem...trouble with speech or hearing...or the child may be slow to learn various skills.

In order to detect any problem that could affect a child's ability to learn, the I.U. conducts free diagnostic testing and evaluations. If appro- evaluations. If appropriate, the child may be referred to one of the I.U.'s preschool classes or to another

ality brochures, please call the Intermediate Unit Special Education Center at 539-8550, Extension 253 or write to the Montgomery County Intermediate Unit, Title VI Preschool Project, 1605-B West Main Street, Norristown, PA 19403.

APPENDIX G

AGENDA OF CONNECT WORKSHOP

Commonwealth of Pennsylvania
Milton J. Shapp, Governor

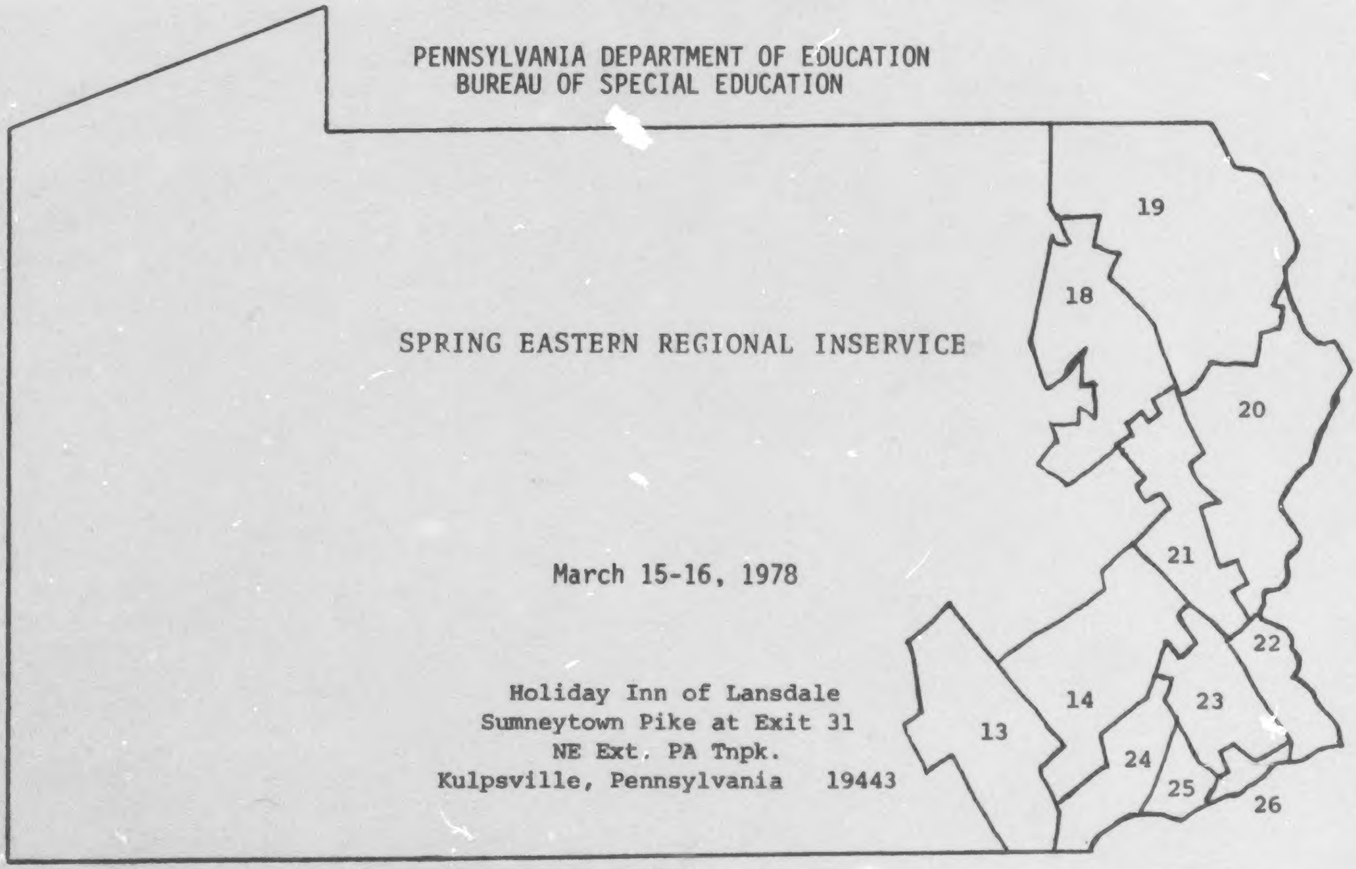
Department of Education
Caryl M. Kline, Secretary

Office of Basic Education
Frank S. Manchester, Commissioner

Bureau of Special Education
Gary J. Makuch, Director

Federal Programs and Special Projects Division
Elaine E. Gilvear, Chief

This program has been sponsored by the Bureau of Special Education through CONNECT, an EHA-B project administered by the Lancaster-Lebanon Intermediate Unit No. 13.



PENNSYLVANIA DEPARTMENT OF EDUCATION
BUREAU OF SPECIAL EDUCATION

SPRING EASTERN REGIONAL INSERVICE

March 15-16, 1978

Holiday Inn of Lansdale
Sumneytown Pike at Exit 31
NE Ext. PA Tnpk.
Kulpsville, Pennsylvania 19443

WEDNESDAY, MARCH 15, 1978

8:30	REGISTRATION	Main Lobby
9:30	A. Instruction and the IEP - Methods, Activities, and Materials *IEP Implementors*	Copenhagen Room *Mary Kelly, IU #20* *Debbie Laubach, IU #20* *Carol Mannheimer, IU #23* *Carolyn Bryant, IU #25* *Pat Oerther, IU #25* *Sherry Simons, IU #26* *Trish Park, IU #26*
	B. IEP Update and Review Procedures *IEP Implementors*	Stockholm Room *Joyce Wilder, CONNECT*
	C. Family Development Planning: A Directed Social Work Approach For Families with Handicapped Children *Psychologists* *Assessment Specialists*	Oslo Room *Gilbert Foley, IU #14* *Luzviminda Parco, IU#14* *Family Centered Resource Project*
	D. Information Managers Meeting *Information Managers*	Board Room

* * * NOTES * * *

* * * NOTES * * *

10:15	A.	IEP Implementation Systems *IEP Implementors*	Copenhagen Room *Rose Ann Ceccoli, IU #19* *Carol Lamb, IU #21* *Lisa Cozzone, IU #24*
	B.	Task Analysis/Concept Analysis *IEP Implementors*	Stockholm Room *Joyce Wilder, CONNECT*
10:30	A.	Assessment Training Film: The Bayley Scales of Infant Development *Psychologists* *Assessment Specialists*	Oslo Room *Susan Armstrong, CONNECT*
11:00	A.	Strategies, Techniques, Activities, and Curriculum for Working With Children Who Exhibit Severe Handicaps *IEP Implementors*	Copenhagen Room *Physical Therapist, IU #14* *Berks County Easter Seal Society* *Anne Weller, IU #22* *Barbara Williams, IU #23* *Kathy Bachus, IU #23*
	B.	Behavioral Objectives *IEP Implementors*	Stockholm Room *Joyce Wilder, CONNECT* *Charles Wall, CONNECT*
12:00	LUNCH		

WEDNESDAY, MARCH 15, 1978
(Continued)

1:00	A.	IU and Agency Cooperation in Developing, Implementing, and Reviewing IEPs *IEP Implementors*	Copenhagen Room *Nancy Witaconis, IU #19* *Sally Sheehan, IU #21* *Arlene Kurtz, IU #26*
	B.	IEP Meetings and Parent Involvement *IEP Implementors*	Stockholm Room *Marie Mardula, CONNECT*
	C.	Assessment of Hearing Impaired/Deaf Children *Psychologists* *Assessment Specialists*	Oslo Room *Ann Kauffman, IU #23* *Linda Brown, IU #23*
	D.	Speech, Language, and Hearing *Language Specialists* *Speech Therapists* *Hearing Therapists*	Board Room *Cassandra Chavez, IU #22* *Jane McBride, IU #23* *Kathy Bachus, IU #23* *Ann Barrick, IU #26* *Helen Herrick, IU #26* *Sherry Simons, IU #26* *Trish Park, IU #26* *Mary Lou Brinker, PMCHI* *Fran Warkomski, PMCHI*

* * * NOTES * * *

*** NOTES ***

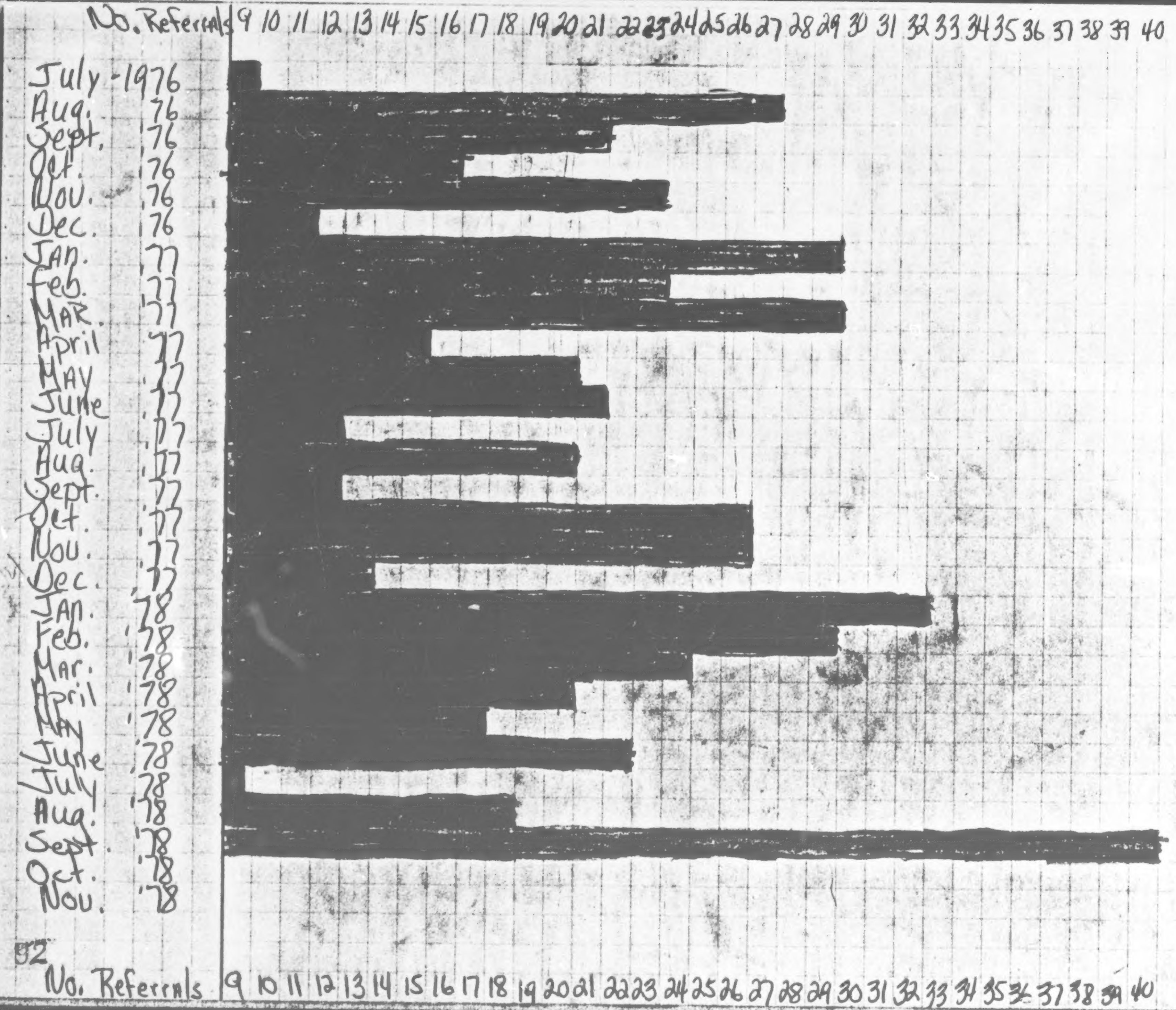
2:00	A.	Parent Involvement in IEP Development and Daily Implementation *IEP Implementors*	Copenhagen Room *Mary Jo Shisko, IU #18* *Mary Kelly, IU #20* *Rose Middleton, IU #24* *Carol Schwartz, IU #25* *Carol Salmons, IU #25* *Lois Ament, IU #25*
	B.	Behavior Modification *IEP Implementors*	Stockholm Room *Charles Wall, CONNECT*
	C.	Diagnostic Assessment Group Discussion *Psychologists* *Assessment Specialists*	Oslo Room *Alan Babcock, IU #13* *Joe Kovaleski, IU #21* *Ray Binetti, IU #24*
3:00	REFRESHMENTS		Stockholm Room
	A.	Resource Displays	
	B.	Slide-Film-Audio-Theatre	Stockholm Room *IU #14, IU #18*
	C.	Preschool Guidelines and Day Care Regulations	Oslo Room *Fred Davis, CONNECT*

* * * NOTES * * *

* * * NOTES * * *

APPENDIX H

TALLY OF MONTHLY REFERRALS


No. Referrals
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40
July - 1976
Aug. '76
Sept. '76
Oct. '76
Nov. '76
Dec. '76
Jan. '77
Feb. '77
Mar. '77
April '77
May '77
June '77
July '77
Aug. '77
Sept. '77
Oct. '77
Nov. '77
Dec. '77
Jan. '78
Feb. '78
Mar. '78
April '78
May '78
June '78
July '78
Aug. '78
Sept. '78
Oct. '78
Nov. '78
No. Referrals
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

APPENDIX I

CONFIDENTIAL HISTORY FORM

CONFIDENTIAL CHILD DEVELOPMENTAL HISTORY

NAME OF PERSON FILLING OUT THE FORM: ____________________ DATE: ____________

SCHOOL DISTRICT ____________

RELATIONSHIP TO CHILD: ____________________

1 IDENTIFYING DATA:

Child's full name ____________________ Sex ________ Birthdate ____________

Address ____
Number & Street Apt No. City State Zip

Father's name ____________ Age ______ Mother's name ____________ Age ______

His address ____________________ Her address ____________________

His phone: Home ________ Work ________ Her phone: Home ________ Work ________

Place of work ____________________ Place of work ____________________

Type of Job ____________________ Type of Job ____________________

Guardian's name (Only if child is living in different residence than parents)

____

Source of referral to Intermediate Unit ____________________

Date of referral to Intermediate Unit ____________________

All persons residing in the home (brothers, sisters, other relatives, boarders, etc.)

NAME & RELATIONSHIP:	BIRTHDATE:

Marital Status: single - married - divorced - separated - widowed

Age of child when separation(s) divorce(s) occurred ____________________

How often does child see him/her ____________________

Family physician ____________________ Phone ____________

Person to contact in case of emergency ____________________
Name and relationship Phone

III DEVELOPMENTAL MILESTONES:

1. Pediatrician ______________________________ Phone ____________

2. Feeding: Bottle _____ Breast _____ Weaned: Yes _____ No _____ At what age _______

Feeding problems: Yes _____ No _____ If yes, describe ______________________

____

Methods used if child did not eat ______________________________

____

Did child have colic during first few months? ____________________

Did child gain weight at normal rate? ____________________

Present Eating Skills: Circle the number of the one statement that best fits your child:

1. Feeds self adequately to eat in restaurant or friend's home
2. Feeds self adequately to eat in own home
3. Feeds self poorly (messily, or with considerable spilling)
4. Needs assistance in feeding
5. Fed by others

3. Does child use utensils to feed self? Yes ____ No ____ Finger fed: Yes ____ No _____

4. Did child have sleeping problems during first year? Yes _____ No _____
If yes, describe ____

____

5. How would you describe your child in the first few months? Active ____ Demanding ____
Quiet _____ Content _____ Irritable _____

6. Does the child sit up with support? Yes ____ No ____ At what age? ________
sit without support? Yes ____ No ____ At what age? ________
cannot sit at this time Yes ____ No ____ At what age? ________

7. Does the child stand with support? Yes ____ No ____ At what age? ________
stand without support? Yes ____ No ____ At what age? ________
cannot stand at this time Yes ____ No ____ At what age? ________

8. Does the child walk with help? Yes ____ No ____ At what age? ________
walk without help? Yes ____ No ____ At what age? ________
cannot walk at this time Yes ____ No ____ At what age? ________

9. Does the child begin to speak words? Yes ____ No ____ At what age? ________
speak sentences? Yes ____ No ____ At what age? ________
cannot speak at this time Yes ____ No ____ At what age? ________

Instructions: Circle the number of the one statement that best fits your child:

Speech Skills - Part I

1. Communicates difficult verbal ideas, appropriate to child's age
2. Communicates in simple sentences, appropriate to child's age
3. Uses a few words only, appropriate to child's age
4. Communicates in sounds and/or gestures, appropriate to child's age
5. Does not communicate any information, appropriate to child's age

0 Unknown

Speech Skills - Part II

1. Understandable by non-family members
2. Somewhat difficult to understand
3. Hard to understand
4. No understandable speech, but jabbers
5. Makes no sound

0 Unknown

Comprehension Skills

1. Understands difficult verbal communication
2. Understands simple verbal communication
3. Understands simple phrases or words
4. Responds to gestures and/or signs
5. Does not respond to verbal or gestural communication

0 Unknown

Supplemental Information - Language spoken in the home

1. Speaks or understands English only
2. Speaks or understands foreign language only
3. Is bilingual or multilingual (speaks more than one language)

0 Unknown

Vision (without glasses)

1. No difficulty in seeing
2. Some difficulty in seeing
3. Great difficulty in seeing
4. No usable vision
5. Wears glasses __________ Prescription by ______________________________
6. Date of eye examination ____________ Examined by ______________________________

0 Unknown

Hearing (without hearing aid)

1. No difficulty in hearing
2. Some difficulty in hearing
3. Great difficulty in hearing
4. No usable hearing
5. Audiological examination administered by ______________________________
   Date ___________ Wearing hearing aid _________ Make-Model ______________________

0. Unknown

Arm-Hand Use

1. Full use (both hands and arms)
2. Requires some help
3. Requires much help
4. No use

0 Unknown

Walking Ability

1. Walks unassisted. Yes _____ No _____
2. Can climb steps. Yes _____ No _____
3. Walks with crutches, cane, etc. Yes _____ No _____
4. Wears braces. Yes _____ No _____
5. Cannot walk. Yes _____ No _____

Transportation

1. Can child enter and leave a vehicle without assistance? Yes _____ No _____
2. Can child ride at least one hour in a vehicle without being uncomfortable?
   Yes _____ No _____
3. Does child sit in an upright position in vehicle? Yes _____ No _____

Paralysis

1. Child is paralyzed. Yes _____ No _____

If yes, Mildly ________ Moderately ________ Severely ________

10. Is the child bowel trained? Yes _____ No _____ At what age? ________

11. Is the child dry day and night? Yes _____ No _____ At what age? ________

12. Has the child ever returned to wetting or soiling? Yes _____ No _____ If Yes, describe the problem ________________________________

Instructions: Circle the number of the one statement that best fits your child

Toilet Training

1. Independent use of toilet

2. Makes toilet needs known, but needs some assistance

3. Partially trained (responds if taken to toilet at scheduled intervals, but some untidiness)

4. Not trained at all

If not toilet trained:

1. Training not yet begun

2. No response to training

0 Unknown

IV MEDICAL HISTORY:

1. Did the child ever have a high fever with or without convulsions for a prolonged period of time? Yes _____ No _____ If yes, describe ________________________________

2. Did the child ever have any unusual "spells or seizures"? Yes ____ No ____ If yes, describe ________________________________

3. Was the child ever unconscious? Yes _____ No _____ If yes, describe the incident and tell how long the child was unconscious ________________________________

4. Is the child currently receiving on-going medical treatment? Yes ____ No ____ If yes, describe the treatment and give the doctor's name ________________________________

5. Has the child ever been hospitalized? Yes _____ No _____ If yes, explain why and where. Also, give the doctor's name ______________________________

Child's reaction to the hospitalization: ______________________________

6. Did your child receive the following immunizations (baby shots):

			Date of Age
D.P.T. (Triple Shot)	NO	YES	
Polio: Shots (salk) by mouth (sabin)	NO	YES	
Measles vaccine	NO	YES	
German measles (Rubella) vaccine	NO	YES	
Mumps vaccine	NO	YES	
Tuberculin Test	NO	YES	
Smallpox vaccination	NO	YES	
Was he/she sick after any of the shots	NO	YES	SPECIFIC _____

7. Illnesses and Injuries

	Type:	Age:	Duration:	Severity:
a.				
b.				
c.				
d.				
e.				
f.				
g.				

8. Does child have any allergies (food, medicines, pollen, dust, etc.) Yes _____ No _____
If yes, describe reactions ______________________________

9. Medications:

	Type:	Age:	Duration:	Child's Reaction:
a.				
b.				
c.				
d.				
e.				
f.				

10) Does your family have a history of:

Visual defect
Speech defect
Hearing defect
Cerebral Palsy
Muscular Dystrophy
Tuberculosis
Muscular Weakness
Epilepsy, Convulsions

Heart trouble
Diabetes
Bronchial disorders
Mental Illness
Tumors
Inherited Conditions
Birth Defects
Other

If yes to any of the above, describe & name relationship to child

V EDUCATIONAL HISTORY:

1. List schools and type of educational placement the child has attended and years in each grade (include nursery school & kindergarten)

2. How do you feel problems started?

3. What do you think are your child's major problems?

Age of child

4. What do you think your child does best?

5. In what areas do you feel you need help?

Medical evaluations	NO	YES
Child's care at home	NO	YES
Adjustment of the child	NO	YES
Planning for long-term care	NO	YES
Planning for education	NO	YES

Other (Specify)

6. What do you think should be done about these problems?

Does your husband/wife agree?

Instructions: Circle the number of the one statement that best fits your child:

On what educational level do you think from your observation experience?

Reading:

1. Reads and comprehends newspapers and/or simple stories
2. Reads and comprehends simple sentences and/or instructions
3. Recognizes practical words and signs ("Stop!", "Exit", "Men", etc.)
4. Can identify most letters of the alphabet
5. Can identify few or no letters of the alphabet
6. Recognizes some trademarks or signs (e.g., cereal packages)
7. Does not recognize any signs or symbols

0 Unknown

Writing:

1. Writes sensible and understandable letters
2. Writes short notes or sentences
3. Writes or prints ten words
4. Writes or prints own name, few words
5. Prints or writes letters of the alphabet
6. Cannot print or write any letters of alphabet

0 Unknown

Number Concept:

1. Counts thirty or more objects
2. Mechanically counts ten objects
3. Handles "number situations" up to four (including "taking away")
4. Discriminates between "one" and "many" or "a lot"
5. Has no understanding of numbers

0 Unknown

Arithmetic Skills:

1. Can add and subtract simple fractions
2. Can multiply and/or divide simple numbers
3. Can and/or subtract simple numbers
4. Can recognize numbers
5. Cannot recognize numbers

0 Unknown

VI SOCIAL FUNCTIONING:

1. Describe child's favorite activity and approximate time spent on it per day: ____________
____
____
____

2. Describe child's relationship with:

Parents ____________________________________
Other adults ________________________________
Brothers & sisters ___________________________
Other children ______________________________

3. How does child play with other children in neighborhood? ____________
____
____
____

4. Does child play with friends his age? Yes _____ No _____ If no, are his friends older or younger? ______________

5. Does child wait for children to come to his house or does he go out to seek the company of others? ____________________

6. Does child play with one or two "best friends"? ______________

7. Name child's favorite TV programs ____________________
____

8 Does child have nightmares?

nearly every night ______________
once per week ______________
once per month ______________
less frequently ______________

When this happens, can child get back to sleep or does he remain upset? __________
____

Does child share bedroom with other persons? Yes _____ No _____ Relationship ______

9. How does your child respond to learning? ____________________
____

10. What activities does your family do together? ______________
____
____
____
____

11. Has the child had any experiences away from home or family--overnights or longer? ______

____

____

____

____

12. Does the child have any trouble riding in school busses and cars? Yes _____ No _____
If yes, describe ____

13. Family stresses of which you are aware: ______________________________

____

____

____

14. What frustrates the child? ______________________________________

____

____

____

____

15. What things frighten the child? ______________________________________

____

____

16. With which parent does the child best relate when "something goes wrong"? ____________

17. Describe how discipline is handled in the home by each adult?

Mother ____
Father ____
Other ____

18. Is your child aware of his/her handicap and if so, what is his or her attitude towards the problem? ____

____

19. How does the family react to the child with the handicap? ____________________

____

____

Instructions: Circle the number of the one statement that best fits your child:

Interactions with others:

1. Interacts cooperatively and/or competitively with others
2. Interacts with others for at least short periods of time e.g., showing or offering toys, clothing or objects
3. Interacts with others imitatively with little interaction
4. Is completely unresponsive to others

0 Unknown

Participation in group activities:

1. Initiates group activities (leader and organizer)
2. Participates in group activities spontaneously and eagerly (active participant)
3. Participates in group activities if encouraged to do so (passive participant)
4. Does not participate in group activities

0 Unknown

Responsibility:

1. Very conscientious and assumes much responsibility, makes a special effort; the activity will always be performed.
2. Usually dependable - makes an effort to carry out responsibility; one can be reasonably certain that the activity will be performed.
3. Unreliable - makes little effort to carry out responsibility; one is uncertain that the activity will be performed.
4. Not given responsibility - is unable to carry out responsibility at all.

0 Unknown

Initiative:

1. Prefers to select his own activities if permitted
2. Asks if there is an activity for him to do
3. Sits all day if not directed to do an activity
4. Will not do any assigned activity

0 Unknown

Time Concept:

1. Associates time with various actions and events
2. Understands relationship between day, week and month
3. Understands time intervals, e.g., between "3:30" and "4:30"
4. Can tell time by clock correctly
5. Discriminates between day and night
6. Has no concept of time

0 Unknown

Money Handling:

1. Is able to use banking facilities
2. Makes change correctly, but does not use banking facilities
3. Adds coins of various denominations, up to one dollar
4. Uses money, but does not make change correctly
5. Realizes money has value, but does not use money
6. Has no idea of the value of money

0 Unknown

Errands:

1. Can go to several shops and specify different items
2. Can go to one shop and specify one item
3. Can be sent on an errand for simple purchasing without a note
4. Can be sent on an errand for simple purchasing with a note
5. Cannot be sent on errands

0 Unknown

Dressing Ability:

1. Dresses self completely
2. Requires little assistance
3. Requires much assistance
4. Must be completely dressed

0 Unknown

Grooming:

1. Keeps self clean when reminded to do so
2. Needs assistance to keep self clean
3. Must be kept clean by others

0 Unknown

Type of Behavior:

Physical violence - Attacks other individuals

1. Yes
2. No

0 Unknown

Type of Behavior:

Physical violence - Self-destructive

1. Yes
2. No
0 Unknown

Physical violence - Destroys property

1. Yes
2. No
0 Unknown

Hyperactive - Constantly talking and/or in motion

1. Yes
2. No
0 Unknown

Withdrawn - Sometimes seems unaware of surroundings

1. Yes
2. No
0 Unknown

18. Will you become involved with the child's program? (Attend meetings, conferences, be available for discussions) ____________________

19. Please list all physicians, therapists, specialists, special schools, psychologists or other agencies who have worked with the child:

____

____

____

20. What have they told you about your child's problems? ____________________

____

____

____

21. Suggestions on what you were told--Did you follow through on the suggestions? ________

____

____

If not, why? ____________________

____

____
(Parent's Signature)

APPENDIX J

REVISED FORMAT OF CONFIDENTIAL CHILD DEVELOPMENTAL HISTORY FORM

MONTGOMERY COUNTY INTERMEDIATE UNIT PRESCHOOL
CONFIDENTIAL CHILD DEVELOPMENTAL HISTORY

REASON FOR REFERRAL: ____________________

DATE: ____________

SCHOOL DISTRICT: ____________

I IDENTIFYING DATA:

Child's full name ____________ Sex _____ Birthdate ____________

Address ________________________________
Number & Street Apt No. City State Zip

Father's name ____________ Age ____ Mother's name ____________ Age ____
His address ____________ Her address ____________

His phone: Home ________ Work ________ Her phone: Home ________ Work ________
Place of work ____________ Place of work ____________
Type of Job ____________ Type of Job ____________

Guardian's name (Only if child is living in different residence than parents)
____

Primary Language Spoken at Home ____________

All persons residing in the home (brothers, sisters, other relatives, boarders, etc.)

NAME & RELATIONSHIP:	BIRTHDATE:

Marital Status: single - married - divorced - separated - widowed
Age of child when separation(s) divorce(s) occurred ____________
How often does child see him/her ____________

Family physician or pediatrician:	Address if Known:	Phone:

II PREGNANCY AND BIRTH:

1. Planned ________ Wanted ________ Age of mother at child's birth ____________

2. Did mother have any bleeding during pregnancy? ____________
Illness during pregnancy? ____________
Medication during pregnancy? ____________
Falls or accidents? ____________
Hospitalizations? ____________
Bed rest at home? ____________
Exposure to X-Ray? ____________
Exposure to Rubella (German Measles) ____________
Rh Factor Incompatibility ____________

3. Was pregnancy Full-term ______ Premature ______ Birth weight ________
Labor induced ________ Length of labor ______ Drugs administered ________
____

4. Describe type of delivery (normal, forceps, Cesarean, breech presentation, etc.)
____
____
____

5. Did child breathe on his own? Yes ____ No ____
After delivery, was child in oxygen? Yes ____ No ____
Was child released with mother from hospital? Yes ____ No ____
Were parents or doctor aware of any problems at birth? Yes ____ No ____
If yes, describe ____________
____
____
____
____
____

6. Did the child require any medical attention or hospitalization during the first few months? ____________
____
____
____
____

7. Was mother ill after delivery or require additional hospitalization? ________
____
____
____

III MEDICAL:

1. Hospitalizations (In or Out-Patient):

REASON:	AGE:	WHERE:	REACTION:

2. Immunizations (Baby Shots):

			Date or Age
D.P.T. (Triple Shot)	NO	YES	
Polio: Shots (salk) by mouth (sabin)	NO	YES	
Measles vaccine	NO	YES	
German measles (Rubella) vaccine	NO	YES	
Mumps vaccine	NO	YES	
Tuberculin Test	NO	YES	
Smallpox vaccination	NO	YES	
Was he/she sick after any of the shots	NO	YES	SPECIFIC:

3. Illnesses and Injuries (Include High Fevers, Convulsions, Seizures, Unconscious):

	Type:	Age:	Duration:	Severity:
a.				
b.				
c.				
d.				
e.				
f.				
g.				

4. Allergies (Food, Medicine, Pollen, Dust, Etc.): ______

5. **Medications**:

	Type:	**Age**:	**Duration**:	**Child's Reaction**:
a.				
b.				
c.				
d.				
e.				
f.				

6. Describe any ongoing medical treatment

7. **Vision**:

Do you suspect your child has a vision problem?

Does he/she:	**YES**	**NO**
Have difficulty seeing small lines or pictures		
Have difficulty seeing things far away		
Squint		
Have eyes that turn in or out		
Wear glasses		

Examined by:

DATE:

Is anyone in your family colorblind?

8. **Hearing**:

Do you suspect your child has a hearing problem?

Does he/she:	**YES**	**NO**
Respond and act appropriately when you speak to him		
Have frequent colds		
Turn up the TV louder than normal		
Complain of any ear pain or had ear drainage or discharge		
When		
Have ear infections		
When		

Audiological examination by:

DATE:

Hearing Aid Make-Model

9. Orthopedic Modifications:

YES NO

Does your child walk with crutches, canes, etc. ____

Does your child wear braces ____

Is your child paralyzed ____

Describe ____

Does your child need special seating arrangements? ____ YES ____ NO

Describe ____

10. Transportation:

YES NO

Can your child:

Enter and leave a vehicle without help ____

Describe ____

Ride at least one hour in a vehicle without being uncomfortable ____

Sit in an upright position in a vehicle ____

IV FAMILY MEDICAL HISTORY:

Does your family have a history of:

1. Visual Defect ____
2. Speech Defect ____
3. Hearing Defect ____
4. Cerebral Palsy ____
5. Muscular Dystrophy ____
6. Tuberculosis ____
7. Epilepsy, Convulsions ____
8. Heart Trouble ____
9. Diabetes ____
10. Bronchial Disorders ____
11. Mental Illness ____
12. Tumors ____
13. Birth Defects ____
14. Inherited Conditions ____
15. Other ____

V DEVELOPMENTAL MILESTONES:

1. How would you describe your child in the first few months:
Active _______ Demanding _______ Quiet _______ Content _______ Irritable _______

2. Describe his/her feeding during first months (colic, gain weight at normal rate, sucking difficulty). ____________________

3. Describe any sleeping problems in first few months ____________________

4. Does your child:

	NO	YES	AT WHAT AGE
Sit with support			
Sit without support			
Stand with support			
Stand without support			
Walk with help			
Walk without help			
Walks up and down steps			

5. Do you suspect that your child has a speech or language problem? YES ______ NO ______
If yes, describe ____________________

When did you first notice the problem? ____________________

What do you think are some reasons for the problem? ____________________

6. Please indicate which of the following statements are characteristic of your child's communication (check as many as apply):

______ communicates through crying or whining
______ babbles as he plays
______ gestures (ex., point for food)
______ single words
______ use sentences
______ follows directions
______ makes sounds incorrectly, which ones ____________________
______ hesitates or repeats sounds or words

7. Has your child ever been seen by anyone for speech and language? YES ______ NO ______
If yes, Who: ____________________
When: ____________________
Where: ____________________

Describe the evaluation or treatment ____________________

VI SELF-HELP SKILLS:

1. **Feeding:**

	DOES NOT DO	NEEDS SOME HELP	DOES BY SELF
Finger feeds			
Holds and feeds with spoon			
Holds and feeds with fork			
Spreads with knife			
Cuts soft foods with knife			
Drinks from cup or glass			
Drinks with straw			

Describe current feeding problems (chewing, swallowing, behaviors):

2. **Dressing:**

	DOES NOT DO	NEEDS SOME HELP	DOES BY SELF
Removes:			
Socks			
Coat			
Shoes			
Shirt			
Pants			
Underwear			
Unzippers			
Unbuttons (Large Front)			

3. **Dressing:**

	DOES NOT DO	NEEDS SOME HELP	DOES BY SELF
Puts on:			
Socks			
Coat			
Shoes (Ties)			
Shirt			
Pants			
Underwear			
Zippers			
Buttons (Large Front)			

4. **Toileting:**

	YES	NO
Stays dry for increasingly longer periods		
Sits on potty or infant seat 5 minutes		
Asks to use bathroom by words or gestures, even if too late		
Bowel-trained (1 daytime accident per week)		
Bladder-trained (daytime)		
Wakes from sleep during night to use toilet, or dry		
Goes to bathroom in time, undresses, wipes, flushes, dresses by self		

VII SOCIAL DEVELOPMENT:

1. Describe your child's favorite activity

2. Describe your child's play with other children (include ages of playmates)

3. Describe why and how your child is disciplined

4. Describe any fears your child has

5. Describe your child's strengths

6. Describe any family stresses

7. **Behaviors:**

Does your child:

	OFTEN	SOMETIMES	RARELY
Seem to be restless or fidgety			
Repeat actions or words needlessly			
Act without reason, on the spur of the moment			
Get upset easily by changes in routine or new places			
Pay attention to what you say or do			
Suck or put hand in his mouth			
Bite, pinch himself or pull his hair			
Bite, pinch, hit, pull hair of others			
Bang his head			
Rock his body			
Play well with other children			
Cry or whine when not given his own way			
Say "I can't" without trying			
Have temper tantrums			
Take apart or break toys			
Seem to have unusual or different ideas			
Seem to be happy			
Dawdle			
Seem moody or sad			
Seem unresponsive, hard to get at			
Seem unusually quiet			
Make friends easily			
Distracted by light sounds or slight movement			
Seem even tempered			

VIII PROGRAMS AND SERVICES:

1. Nursery School or Day Care Experiences ______________________________

2. If any professional has worked with your child, what suggestions were made to you and were you able to follow through on them? If not, why? ______________

3. Will you become involved with your child's program? (Attend Meetings, Conferences)

_______ YES _______ NO

_______ DAY MEETING _______ NIGHT MEETING

Would you need baby-sitting service? _______ YES _______ NO
Could both parents attend? _______ YES _______ NO

(PERSON FILLING OUT FORM)

PARENT OR GUARDIAN SIGNATURE(S)

APPENDIX K

EVALUATION PROGRESS SHEET

Montgomery County Intermediate Ur

TITLE VI EVALUATION PROGRESS SHEET

COMPUTER I.D.# ____________________

NAME ______________________________

DATE OF BIRTH: ____________________

ADDRESS: ______________________________

____

DISTRICT: ____________________

PRESENT ENROLLMENT: ____________________

____

PARENT(s)/
GUARDIAN(s): ______________________________

____

FUNDED BY: ____________________

SCHOOL ENTRY DATE: ____________________

TELEPHONE: ____________ WORK ____________

PRESUMED DISABILITY AS STATED BY PARENT(s)/GUARDIAN(s): ____________________

____

EVALUATIONS RECOMMENDED BY CASE MANAGER (CIRCLE): AUD S&L VIS PED PSY

DATE	EVAL	STATEMENT OF INITIAL DIAGNOSTIC IMPRESSION:*
______	SDH	
______	AUD	
______	S&L	
______	VIS	
______	PED	
______	PSY	

SDH: ______________________________

SIGNATURE OF EXAMINER: ____________________

AUD: ______________________________

SIGNATURE OF EXAMINER: ____________________

S&L: ______________________________

SIGNATURE OF EXAMINER: ____________________

VIS: ______________________________

SIGNATURE OF EXAMINER: ____________________

PED: ______________________________

SIGNATURE OF EXAMINER: ____________________

PSY: ______________________________

SIGNATURE OF EXAMINER: ____________________

* Not to be used in lieu of Final Diagnostic Summary.

Montgomery County Intermediate Unit
TITLE VI EVALUATION PROGRESS SHEET

ADDITIONAL REFERRAL TO:

Date ________ Evaluation ________

PER REPORT OF: ________

FEEDBACK CONFERENCE:

Date ________ Location ________

Present: I.U. ________

Parent(s)/Guardian(s): ________

FINAL PLACEMENT SUMMARY/RECOMMENDATIONS: ________

Ann Kauffman, Certified School Psychologist

DISPOSITION: ________

DATE IEP SIGNED: ________

APPENDIX L

SAMPLE IEP

Current IEP Date:

IEP Review Date:

CHILD'S NAME: C.H..

BIRTHDATE: 3 / 18 / 73 (Mo. Day Yr.) AGE: 3 Yrs. 10 Mos.

PARENT/GUARDIAN:

SCHOOL DISTRICT:

ADDRESS:

CURRENT ASSIGNMENT:
M.C.I.U. Preschool

IEP PLANNERS:

Name	Relationship To Child	PLANNING HOURS Data Collection	IEP Development
	Teacher	2½ hrs.	2½ hrs.
	Speech Therapist	2 hrs.	1½ hrs.
	Physical Therapist	2½ hrs.	1½ hrs.
	Occupational Therapist	2 hrs.	1½ hrs.
	Psychologist	3 hrs.	1 hr.

TYPE AND EXTENT OF RECOMMENDED* EDUCATIONAL SERVICES:

Program/Service	PROJECTED DATES Initiation	Termination	Contact Hours	Environment/ Extent Regular	Personnel	Instructional Objective Revision Schedule
Educational Assignment	on going	7/78	2½ hrs. 5 days/wk.	non-catagorical pre-school		Weekly
SpeecH	Oct. 76	7/78	½ hr.	"		Initial/Mid-term Final
P.T.	Oct. 25,76	6/17/78	½ hr./wk.	"		"
O.T.	Nov. 76	7/78	½ hr.	"		"

*Components of the plan are subject to revision as they are outdated by the child's development.

PRESENT EDUCATIONAL LEVELS
ANNUAL GOALS AND SHORT-TERM OBJECTIVES

SUMMARY OF CHILD'S STATUS:

" C.H , three years 6 months at the time of evaluation, was seen initially with her mother in a screened off area of her classroom. She was mildly distractible and appeared to fatigue quickly. She appeared to be developing a cold and additional testing was scheduled for another day. At that second session, she sat without support at a small table. She was not distractible but rarely looked at what she was doing despite verbal directions to do so. Much of her attention was directed to searching the examiner's face. She was quick to react to facial expression particularly smiles. This generally prompted a high pitched breathy stacatto laugh. She was quick, however, to imitate a cough. Consistent skill development to the 12 month old level was demonstrated. Inconsistent development was evidenced to the 19 month old range. She places objects into containers on command, scribbles with a crayon, follows simple directions, and places shapes into corresponding holes in form boards. Her performance on the latter is inconsistent suggesting that C.H's selective attention interferes with her performance. As reported by her mother, her self-help and social competency skills are on a consistent level, i.e. approximately 14 months."

COMMUNICATION
Present Level: C.H. tracks moving objects and localizes to a sound source. At times, she nods to indicate "yes". She points often, makes sounds, and follows very simple directions. She will play with a few toys appropriately and can point to a few facial-body parts on command.

Receptive Goal: Child increases awareness and participation in environment.

Objectives: 1. When presented with old and novel toys, child will touch, manipulate and explore 90% of the time by June 77.
2. Child will search for and find objects hidden from view 100% of the time by June 77.
3. When given simple one stage directions (i.e. throw the ball, spin the toy, crawl here, etc.) child will respond 100% of time by June 77.

Expressive/Gestural Goal: Child increases expressive repetoire through use of sounds, words and gestures.

1. When physically or verbally prompted child will say or gesture the following word concepts: "me, want, more, up, down, stop, go, in, out, all gone."

GROSS MOTOR
Present Level: C.H. accomplishes gross motor skills comparable to those of the average 9 month old child. She has good sitting balance and can sit for long lengths of time unsupported. Her main means of locomotion is hitching on her buttocks or an army crawl. She will not assume a 4 point position or crawl. She is unable to assume and maintain a kneeling position. When assisted

to standing at furniture, she is able to cruise independently, though most frequently to the right. Fine motor skills at 15-18 month level. Grasp/release are present bilaterally. Grasp patterns are palmar and occassional crude pincer in rue.

Gross Motor Goal: Improve and refine presently accomplished motor skills and initiate other skills.

Objectives: 1. C.H. cruises to the left for a distance of 15 to 20 feet with 90% accuracy by Sept. 1977. [illegible]

2. C.H. exhibits a parachute reaction in the left upper extremity with 50% accuracy by Dec. 1977.
3. C.H. maintains a crawl position for 20 seconds with 90% accuracy by June 1977.
4. C.H. crawls 5 feet with 70% accuracy by June 1977.
5. C.H. pulls to stand at furniture and lower herself to the floor without falling with 60% accuracy by Sept. 1977.

Fine Motor Goal: C.H. will demonstrate increased use of pincer grasp in appropriate fine motor tasks.

Objectives: 1. C.H. will place a set of 1" pegs in pegboard within time limits 90% of the time by June 1977. - [illegible] time [illegible]
2. C.H. will utilize pincer grasp in placing a set of small objects into container 90% of the time by June 1977.

SELF HELP
Present Level: C.H's range of self-help skills include finger feeding independently and drinking and spoon feeding with guidance. She assists in dressing and washing. Her skills are at the 14-16 month level in this area.

Personal Hygiene Goal: Child increases level of independence in personal hygiene skills.

Objectives: 1. Child displays observable gesture resulting in success on potty 100% of time by May 1, 1977. - [illegible]
2. Given wash cloth, child brings it in contact with face by May 20, 1977. - April [illegible] 1977

Dressing Goal: Child independently removes several articles of clothing.

Objectives: 1. Upon verbal command child independently takes pants off 90% of time by March 30, 1977. modify [illegible]
2. Upon verbal command child independently takes shirt off 90% of time by April 15, 1977.
3. Upon verbal command, child independently takes coat off 90% of time by April 30, 1977.

SOCIALIZATION

Present Level: C.H. is beginning to handle toys appropriately. She does not engage in co-operative play. Her attention span is short, and she often responds to activities by screaming.

Interpersonal Goal: Child engages in structured co-operative play.

Objectives:
1. Given command to roll ball to one other child, C.H. will follow through 85% of time by May 15, 1977.
2. During 15 minute play period, child is observed offering toy to another child at least one time by June 1, 1977.

Behavior Goal: Child eliminates resistance to change of routine.

Objectives:
1. Child responds positively (no crying or screaming) when toy is takenaway from her 90% of time by May 10, 1977.
2. Child responds positively (no crying or screaming) when stopping one activity and starting another 100% of time by June 15, 1977.

COGNITIVE

Present Level: C.H. tracks moving objects vertically and horizontally. She is just beginning to respond to her environment as evidenced through voluntary exploration. She exhibits signs of tactile defensiveness and needs encouragement to participate in new activites. She will point to most facial body parts and imitate very simple hand movements (i.e. waving, clapping, tapping).

Reasoning Goal: Child demonstrate awareness of object permanency.

Objectives:
1. Child uncovers partially hidden object (1 screen) 90% of time by April 1, 1977. ✓
2. Given cup and edible object, when object is placed under cup, child will pursue 90% of time by May 1, 1977.
3. Given closed container containing object child will open container to retrieve object by June 1, 1977. ✓

Perceptual Goal: Child increases the number and range of problems she can solve using various dimensions of objects.

Objectives:
1. C.H. will discriminate between two sounds (ex. ringing bell, struck drum) by pointing to sound-producing instrument 85% of time by April 30, 1977. 5
2. Given verbal command to find a familiar object placed in close proximity, child obtains object 90% of time by May 10, 1977.
3. Given objects of 2 different textures (i.e. smooth, rough, soft, hard) child will pair objects by tactile discrimination with 100% accuracy by June 1, 1977. (accomp. [illegible] May 26)

APPENDIX M

IEP PLANNING FORM

COMPONENT 4
FINAL COMPLETION REPORT, IEP PLANNING
(Fiscal/Program Year 1977-78 - Status as of 6/30/78)

IU # 23

ACCOMPLISHMENT (OUTCOME) UNITS	NUMBER REPORTED		
	Birth - 2	3 - Entry	Total
IEP			
Children for whom IEP plans have been developed (assurance sheet completed	2	121	123
IEPs revised (assurance/summary sheet replaced)	0	23	23

PROGRESS (circle one in each category)

a.	Outcome units	More than expected	Fewer than expected	[✓ As expected]
b.	Timelines	Ahead of schedule	Behind schedule	[✓ On time]
c.	Resource Availability	Resources superabundant	Resources insufficient	[✓ Resources adequate]

FUNDING (Indicate the amount of funding that was applied to IEP planning during the 1977-78 fiscal year)

Allocated under EHA-B Project #: 48-05023-460-380	Allocated under EHA-B Project #:
$ 184,000	$

APPENDIX N

MATERIALS USED IN SPEECH AND LANGUAGE SEMINARS

MONTGOMERY COUNTY INTERMEDIATE UNIT

SPEECH, LANGUAGE, AND HEARING PROGRAM

Speech and Language Development

Pre Indicate the letter of the correct answer. Post

____ 1. The child is four years old. He is not using sentences. You should: 1. ____

a. Not be concerned since this is normal

b. Insist that he use sentences

c. Have him evaluated by a certified speech pathologist

d. Wait and hope he'll grow out of the problem

____ 2. The child is four years old. He cannot make the following sounds correctly: s, z, sh, ch, l, and r. You should: 2. ____

a. Insist on speech therapy with a certified speech pathologist

b. Consider this normal

c. Try to make him use the sounds correctly

d. Punish him for incorrect use of the sounds

____ 3. The child is three years old. He has an expressive vocabulary of 25 words. He names a few common pictures but does not talk in sentences. You should: 3. ____

a. Have an evaluation by a certified speech pathologist

b. Not be concerned; he'll grow out of it eventually

c. Put pressure on him to talk

d. Drill him on vocabulary words

Indicate whether each of the following is true or false by putting T or F in the blank.

____ 4. The child is seven years old. The following sounds are incorrect: p, b, k, g, d, f, and v. You should contact the speech pathologist in your local school district. 4. ____

______ 5. The child has been hoarse for about two months. You should take him immediately to a physician who specializes in ear, nose, and throat problems. 5.______

______ 6. The child is four years old. He uses primarily vowel sounds in his speech. You should have him evaluated by a speech pathologist. 6.______

______ 7. At 9 months you suspect that your child can't hear. Wait until he is at least 1 year before having his hearing tested. 7.______

______ 8. The child is four years old. His speech cannot be understood by strangers. This is normal. 8.______

Indicate which terms on the left go with which terms on the right.

______	9.	Articulation problems	a. blocks	9.______
______		stuttering	b. distortions	______
______		voice problems	c. incorrect syntax	______
______		language problems	d. nasality	______
______	10.	Reflexive crying	a. 3 to 6 months	10.______
______		words begin to emerge	b. 6 to 12 months	______
______		cooing	c. 0 to 4 weeks	______
______		babbling	d. 12 months	______
______	11.	Begins to join words into two-word phrases	a. 3 years	11.______
______		language is well established	b. 30 months	______
______		babbling completely disappears	c. 24 months	______
______		about 80% of utterances can be understood	d. 4 years	______

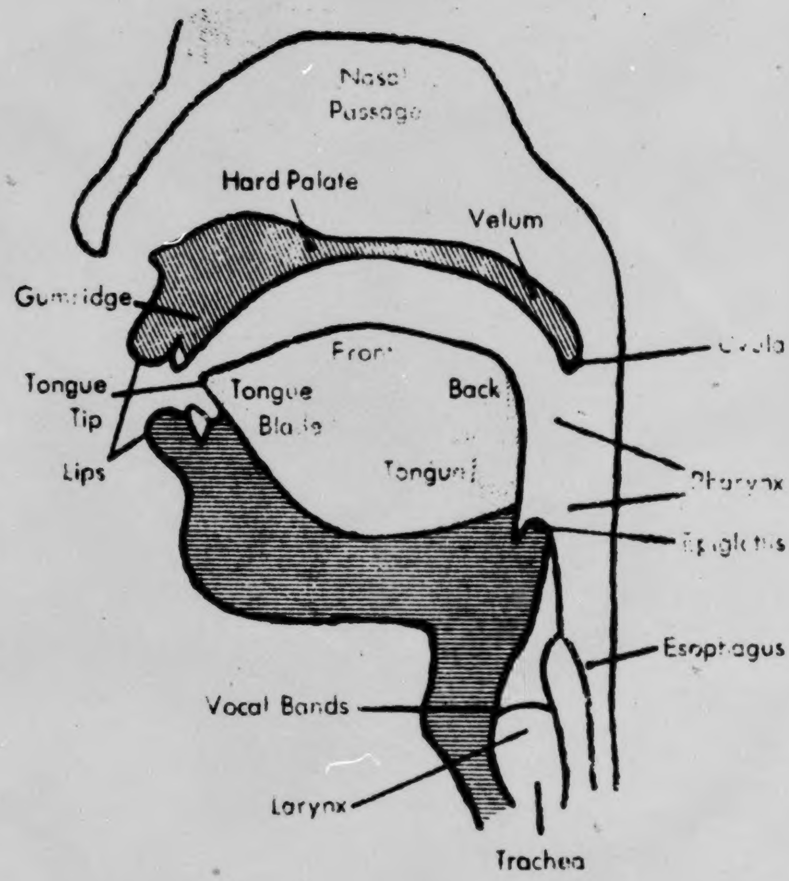

Nasal Passage
Hard Palate
Velum
Gumridge
Uvula
Front
Tongue Tip
Tongue Blade
Back
Lips
Tongue
Pharynx
Epiglottis
Esophagus
Vocal Bands
Larynx
Trachea

Figure 1. Principal Mechanisms Used in Articulation

MONTGOMERY COUNTY INTERMEDIATE UNIT

Speech, Language, and Hearing Program

Words - The Building Blocks of Language Learning

1. The child does not learn a word as a meaningful sound until he has experienced it in a variety of ways.

2. The word to be learned must be presented when the object (or experience) is present.

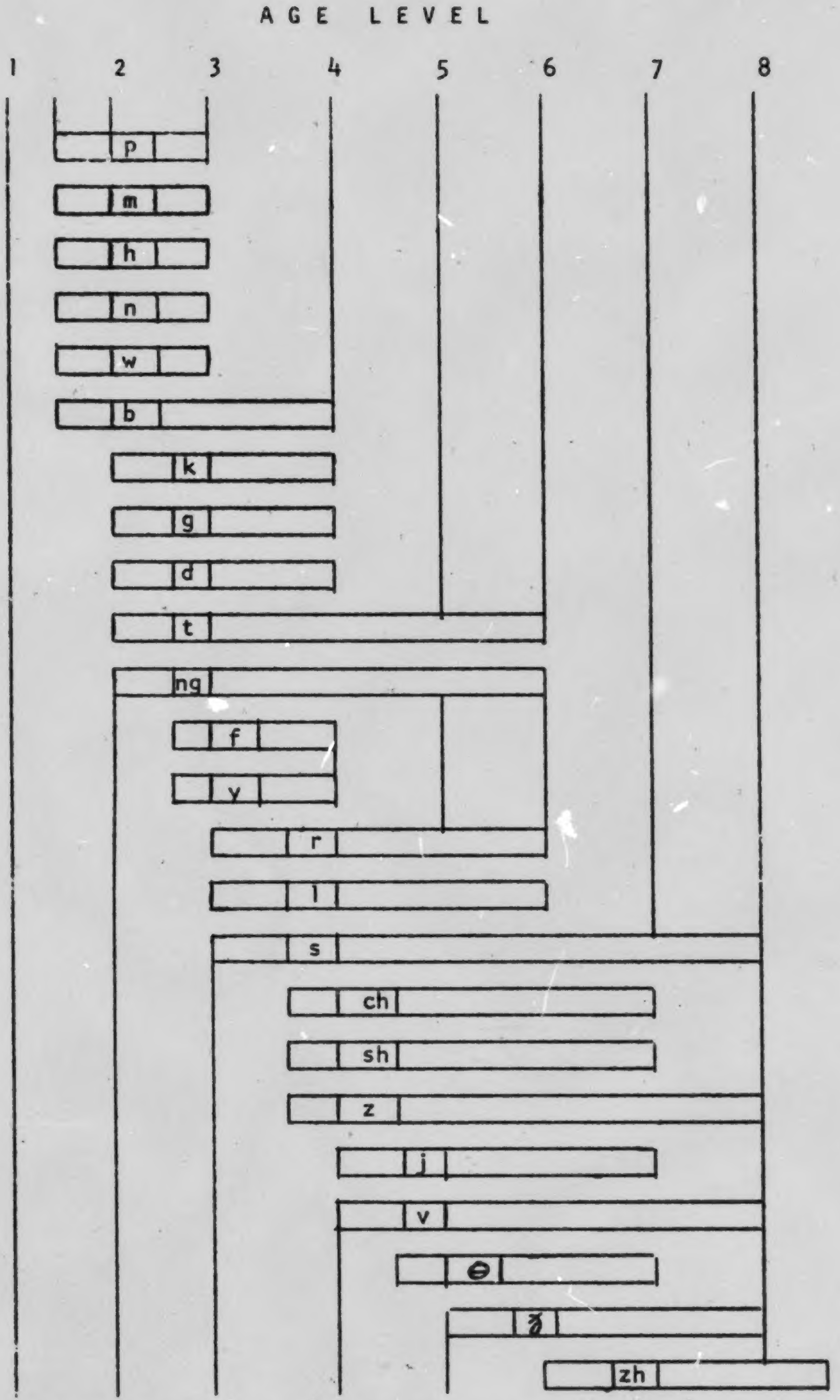
3. Repetition is crucial.

4. Hearing and seeing what the word is NOT, is important.

5. Word use will develop in relation to meaningful situations in the home, and the best learning takes place when all possible circumstances are used.

International Phonetic Alphabet

Phonetic symbols		Key words
1.	[p]	*p*ie, cu*p*, pu*pp*y
2.	[b]	*b*ed, tu*b*, *B*o*bb*y
3.	[t]	*t*wo, ha*t*, eigh*t*een
4.	[d]	*d*ay, be*d*, la*dd*er
5.	[k]	*c*up, boo*k*, ta*k*en
6.	[g]	*g*um, e*gg*, wa*g*on
7.	[f]	*f*or, o*ff*, o*f*ten
8.	[v]	ha*v*e, ha*v*ing
9.	[θ]	*th*ink, ba*th*, ba*th*tub
10.	[ð]	*th*at, ba*th*e, o*th*er
11.	[s]	*s*oup, bi*c*ycle, hou*s*e
12	[z]	ha*s*, bu*s*y
13.	[ʃ]	*sh*e, hu*sh*, wa*sh*ing
14	[ʒ]	televi*s*ion
15.	[m]	*m*an, co*m*b, co*m*ing
16.	[illegible]	*kn*ow, o*n*e, mo*n*ey
17	[ŋ]	si*ng*, fi*ng*er
18.	[w]	*w*e
19.	[hw]	*wh*at
20.	[j]	*y*ou
21.	[l]	*l*ike, wi*ll*, on*l*y
22	[r]	*r*ed, mo*r*e
23.	[h]	*h*er
24	[tʃ]	*ch*air, mu*ch*
25.	[dʒ]	*j*u*dg*e
26.	[i]	*e*at
27	[ɪ]	*i*t
28.	[e]	v*a*c*a*tion
29.	[ɛ]	t*e*n
30	[æ]	h*a*t
[illegible]	[illegible]	f*a*ther
32.	[ɔ]	*a*ll
33.	[o]	n*o*tation
34.	[ʊ]	c*oo*k
35.	[u]	bl*ue*
36.	[illegible]	c*u*t
37.	[ə]	*a*like
38.	[aɪ]	wh*i*te
39.	[aʊ]	h*ou*se
40.	[ɔɪ]	b*oy*, t*oy*
41	[eɪ]	*a*te, ob*ey*
42.	[oʊ]	c*o*mb
43.	[ɚ]	fath*er* (used in unstressed syllables)
44.	[ɝ]	b*ir*d



Average age estimates and upper age limits of customary consonant production. The solid bar corresponding to each sound starts at the median age of customary articulation; it stops at an age level at which 90% of all children are customarily producing the sound. (From Templin, 1957; Wellman et al., 1931.)

Journal of Speech and Hearing Disorders - XXXVI, 1

MONTGOMERY COUNTY INTERMEDIATE UNIT

Speech, Language, and Hearing Program

Stimulation for Continued Language Growth

1. Make sure your child moves about the house rather than sitting or staying in the same place too long.

2. Change things around from time to time.

3. Don't put everything out of reach.

4. Use the television and radio to your advantage.

5. Capitalize on frequent events which may otherwise go unnoticed.

6. Bring in new friends for your child to play with.

7. Capitalize on special events.

8. Planning a trip or vacation? We would like to suggest a way to make the trip three times the fun.

9. Children's records are very good sources of added language stimulation.

10. Keep a variety of toys available for your children.

PHONETIC ANALYSIS CHART

	p	b	m	n	h	w	ŋ	t	d	k	g	f	v	θ	ð	s	z	ʃ	tʃ	l	r	ɝ	ɚ	ʒ	dʒ
I																									
M																									
F																									

p	pie, paper, cup
b	boy, baby, tub
m	man, summer, swim
n	nine, window, run
h	hill, seahorse
w	witch, sandwich
ŋ	ink, singing, ring
t	ten, water, cat
d	door, lady, bed
k	cow, turkey, book
g	go, wagon, bug
f	five, coffee, knife
v	valentine, seven, stove
θ	thin, birthday, tooth
ð	they, mother, breathe
s	sun, see-saw, bus
z	zoo, easy, rose
ʃ	sheep, fishing, dish
tʃ	chair, teacher, watch
l	lake, valley, table
r	red, arrow, four
ɝ	earth, bird, her
ɚ	father
ʒ	television, garage
dʒ	jump, pages, age

MONTGOMERY COUNTY INTERMEDIATE UNIT
Speech, Language, and Hearing Program

MANNER AND PLACE OF ARTICULATION	VOICELESS	VOICED
Lips	p hw	b m w
Lip-Teeth	f	v
Tongue Tip and Gum Ridge	t s	d z n r l
Tongue Tip and Teeth	th	th
Blade of Tongue and Hard Palate	sh	zh
Middle or Front of Tongue and Hard Palate		y
Back of Tongue and Soft Palate	k	g ng
Glottal	h	

MONTGOMERY COUNTY INTERMEDIATE UNIT

Speech, Language, and Hearing Program

Some General Suggestions

1. *Try to attach a pleasurable feeling to speech* because, for many children, attempting to communicate has become associated with failure. Attempting to speak has become punishing and unpleasant. Too many attempts have met with reprimand.

2. *Reward your child's attempts to speak*. Smile and respond warmly even if you do not understand every word. Try to let the child know you are happy that he is trying to talk. Don't expect adult standards from your child.

3. *Gesture communication is often a problem* for parents of children who don't speak. Should you encourage him to communicate with gestures? Probably not. It may be best to find some verbal means of communicating and demand that your child do whatever he is capable of. A poorly articulated, "I want a drink of water," is far better than a point in the direction of the sink. Just as it is best not to force your child to talk, it is also a mistake to anticipate his needs - thus putting no positive value on learning to talk. With the youngest of the family, it is often necessary to point this out to older children, as they love to play the "helper role" for little brother or sister.

4. *Reward speech attempts, but don't punish the lack of them*. Children learn to speak when the environment is one of accepting and approving relationships. If a word attempt is poorly spoken or inaccurate, don't say, "No...it's not oop, it's soup," rather show your approval for the attempt and repeat the word correctly. Children learn to speak by comparing their words with yours. Once you tell your child that he is wrong, he may hear nothing else and soon come to think that speaking is difficult and something he doesn't do well.

Special Recommendations

1. Don't speak too rapidly. Speak in short phrases and with simple but correct grammar.

2. Don't interrupt your child's speech attempts. Sometimes this is difficult but set some rules so that he doesn't feel under threat that he must hurry what he is saying before someone else takes the floor.

3. Give your child your full attention whenever possible. The "token" listener is one who gives only casual attention to the speaker. Be sure your child knows that what he says is of importance to you.

4. Speak to your child. Verbal stimulation is of great importance... even if your child does not respond or has no language. He still will gain from your speaking to him.

5. Have your child watch and listen. When you are talking to him, try to be, physically, at his eye level.

6. When engaging in speech stimulation activities, choose a time when your child is well rested and attentive. Don't pursue an activity to boredom.

7. Know what is normal for your child. Don't accept less; and don't demand what is unrealistic.

8. Carefully selected toys can aid language development. Construction materials and toys that have a variety of textures, shapes, and colors are helpful.

9. Don't talk about your child's speech or language problems in front of him. Remember, you want him to enjoy speaking. If other adults bring up the topic, be sure you convey your confidence in your child. "We're working on it, and he's doing fine," should do the trick.

10. If your child begins hesitating in speech attempts, repeating phrases or words, or prolonging sound, don't assume he is beginning to stutter. "Mommy, mommy, mommy, I want, I want, I want to go, go, go outside," may represent perfectly normal speech for a three-, four- or five year old child. Such behaviors in young children are normal. If you take time to listen to your own speech, you will notice that you are not fluent 100 % of the time. Notice when your child is having difficulty, particularly when he's tired or excited. It would be wise not to make speech demands of him at these times. Make speech a pleasant event, something he enjoys very much. If you are concerned about his speech, remember that your concern is easily communicated to your child. The best policy is to regard the hesitations and repetitions as normal, neither being unduly interested in them nor overly ignoring them.

11. Avoid undue pressure. Don't try too many things at a time. Language development is a long, slow process at best and when it involves some special problems, much work may be involved. Set no timetables for yourself or your child. Parents often get upset and frusturated with their children, and this is of no help to anyone... so keep cool!

Take every opportunity to enjoy your child as he is.

- taken from Natural Language: A Clinician-Guided Program for Parents of Language-Delayed Children by John T. Hatten, Ph.D. and Pequetti W. Hatten, M.S.

MONTGOMERY COUNTY INTERMEDIATE UNIT

SPEECH, LANGUAGE, AND HEARING PROGRAM

Video Taped Samples

1. Holly (5-1) and Amy (5-10)

2. Amy (5-10)

1.(bigger) __________
2.(biggest) __________
3.(men) __________
4.(planted) __________
5.(soap) __________
6.(more) __________
7.(most) __________
8.(feet) __________
9.(sheep) __________
10.(better) __________
11.(best) __________
12.(hung) __________
13.(stole) __________
14.(women) __________
15.(himself) __________
16.(leaves) __________
17.(children) __________
18.(mice) __________
19.(themselves) __________

3. Amy (5-10) and Holly (5-1)

thin birthday tooth they mother breathe sun seesaw bus

Amy ____

Holly ____

zoo easy rose earth bird her

Amy ____

Holly

4. Jeff (6-0)

____

5. George

____

6. Eric (6-9)

____

7. Frank (7-1)

MONTGOMERY COUNTY INTERMEDIATE UNIT
Speech, Language, and Hearing Program

Suggestions for Helping Children Keep a Healthy Voice

1. It is generally agreed that misuse of the voice is the most common cause of voice problems in children. This misuse can take many forms such as:

   a. Yelling and excessively loud talking. This does not affect all children in the same way, but if a child has hoarseness, then such abuse should be discouraged.

   b. Such unnatural uses of the voice as imitating cars, motor boats, machine guns, and the like may contribute to voice problems because of the unusual strain on the voice.

   c. Cheerleading, singing, and acting may add to the problem and should be carefully supervised.

   d. When a child has a sore throat and hoarseness, reduce all vocal activities, including talking, to a bare minimum. In the case of severe laryngitis, vocal activity should be discontinued until the voice is healthy.

   e. Special consideration should be given the boy undergoing adolescent voice change. Be patient and sympathetic; do not put him in embarassing situations; perhaps discourage singing during this time; and above all do not encourage him to maintain his little boy voice. If he has particular difficulty you may want to discuss with him the physical aspect of what is happening or you may want to get help from a speech pathologist.

2. Good physical health is important to a sound, healthy voice. Voice problems may be caused by such conditions as:

   a. Upper respiratory infections that may result in swollen, inflamed membranes. Repeated colds should receive medical attention.

   b. Coughing is especially abusing to vocal folds. Repeated or prolonged coughs should receive attention.

c. Allergies tend to weaken the tissues of the larynx and make them more susceptible to damage from use or misuse of the voice.

d. Infected tonsils may spread infection to the larynqeal area.

e. General poor health tends to be reflected in one's voice. We are familiar with the observation of "You don't sound as if you feel well."

3. Emotional problems also show up in one's voice. A normally speaking child may develop hoarseness under conditions of unusual strain. Sometimes these factors involve:

   a. Sibling rivalry in which one child may be trying to keep up with, compete with, or take attention away from a brother or sister who may be older, more aggressive, more talented, or for some reason poses a threat to the child may result in undue tension in speaking situations. Parental favoritism may contribute to this.

   b. Disrupted home and family relationships may contribute to emotional problems that may emerge as voice problems.

4. Individual differences make it difficult to understand why one child may engage in a given behavior with no apparent adverse effects on his voice while another child suffers a severe penalty for shouting, coughing, or excessive talking. Being aware of the causes of voice problems, tuned in to them, and aware of remedial procedures should do much to help all children learn to use their voices most efficiently.

APPENDIX O

INFORMATIONAL LETTER
SENT TO DISTRICTS

MONTGOMERY
COUNTY
INTERMEDIATE
UNIT
SPECIAL EDUCATION CENTER • 1605-B WEST MAIN ST. • NORRISTOWN, PA 19401 • 215-539-8550

I am sending information compiled through the Title VI Preschool Project tracking system.

The attached chart shows the number of preschool children (3-5 years of age) in your school district who have been identified as handicapped, or are thought to be handicapped. Also, the chart indicates the number of children who are eligible for school in September of 1978, who are handicapped or are thought to be handicapped.

Letters are being sent to the parents of those children in your district who will be school age, encouraging them to register their child, and notify the district that their child has received Title VI services. As you are well aware, we cannot release any further information without the parent's written permission.

We hope the attached information will be useful to you in planning to meet the special education needs in your school district.

If you have any questions about this information, please feel free to contact Mr. David R. Shiery, Title VI Case Manager, for any clarification.

Sincerely,

ROBERT H. LEISS, Ed.D.
TITLE VI PROJECT DIRECTOR

RHL/cs
Attachment

TITLE VI PRESCHOOL PROJECT

MONTGOMERY COUNTY INTERMEDIATE UNIT

Children Identified as Handicapped

_______________________________ School District January 1978

	3-5 Years	TOTAL	Children Ready for School Entry 1978	TOTAL
Trainable Mentally Retarded				
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled				
Visually Impaired				
Hearing Impaired				
Speech Impaired				
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined				
TOTAL				

DISTRICT	3-5 YEARS HANDICAPPED CHILDREN	3-5 YEARS HANDICAPPED CHILDREN--UNDETERMINED (IN PROCESS)	TOTAL	SCHOOL-AGE HANDICAPPED CHILDREN	SCHOOL-AGE HANDICAPPED CHILDREN--UNDETERMINED (IN PROCESS)	TOTAL
ABINGTON	1	1	2	10	3	13
CHELTENHAM	1	1	2	2	2	4
COLONIAL	4	1	5	6	2	8
HATBORO-HORSHAM	1	0	1	1	4	5
JENKINTOWN	1	0	1	0	0	0
LOWER MERION	3	2	5	4	1	5
LOWER MORELAND	1	0	1	3	1	4
METHACTON	1	1	2	1	1	2
NORRISTOWN	11	5	16	5	4	9
NORTH PENN	12	6	18	16	4	20
PERKIOMEN VALLEY	2	2	4	1	2	3
POTTSGROVE	1	0	1	3	1	4
POTTSTOWN	1	1	2	4	0	4
SOUDERTON	3	1	4	4	2	6
SPRINGFIELD	2	0	2	0	1	1
SPRING-FORD	2	1	3	4	0	4
UPPER DUBLIN	3	0	3	6	3	9
UPPER MERION	8	3	11	7	3	10
UPPER MORELAND	3	1	4	3	3	6
UPPER PERKIOMEN	0	0	0	6	0	6
WISSAHICKON	5	1	6	6	1	7
BOYERTOWN	2	1	3	0	0	0

DRS/cs
1-78

APPENDIX P

LISTS OF CRITERIA BY COMPETENCIES

Motor Development

Gross Motor

25 - 36 months

1. The child shall stand on 1 foot when aided by a person or an object for at least 5 seconds.

2. The child shall sit down and arise from a child-sized chair without falling.

3. The child shall demonstrate the ability to carry small breakable objects upon request.

4. The child shall walk 10 feet staying between parallel lines 8" apart.

5. The child shall gallop awkwardly preferred foot leading for 4 complete movements.

6. The child shall throw small objects a distance of 2 feet while standing.

7. The child shall catch a large ball when it is slowly rolled on the floor to him 2 out of 4 trials.

8. The child shall go up and down stairs one step at a time using the same foot to lead at least 5 steps.

9. The child shall roll a ball forward 2 of 3 trials.

10. The child shall run forward 10 feet without turning.

37 - 48 months

11. The child shall perform a standing broad jump without falling.

12. The child shall stand on 1 foot at least 3 seconds without assistance.

13. The child shall throw a ball underhand in imitation at least 4 feet in a forward direction.

14. The child shall climb a 5 foot slide without assistance and slide down.

15. The child shall hop in place on both feet for 10 seconds with assistance.

16. The child shall catch a large ball with both hands at a distance of 4 feet.

17. The child shall complete a forward somersault on a soft surface with an adult guiding.

18. The child shall jump to the floor from a sturdy surface that is 12" above the floor and maintain balance.

19. The child shall hop with both feet for a minimum of 3 hops without assistance.

20. The child shall bounce a large ball within reach of another person at a distance of 4 feet.

21. The child shall step on a footprint pattern on the floor using the correct feet (left and right).

22. The child shall catch a large ball that is bounced by another person 4 or 5 feet away.

23. The child shall broad jump 19".

49 - 60 months

24. The child shall bounce and catch a medium size ball of a hard surface.

25. The child shall go up and down at least 5 stairs using hand rail and alternate feet.

26. The child shall walk at least 10 feet on a straight 3" taped line without aid and without stepping off completely.

27. The child shall run at least 10 feet and stop suddenly without falling.

28. The child shall gallop smoothly leading with either foot 10 feet.

29. The child shall run at least 10 feet and turn without falling.

30. The child shall skip clumsily at least 4 complete successive skips.

31. The child shall jump over a rope 16" high with a running start.

32. The child shall kick a 10" ball in the direction of a specified target without losing balance.

33. The child shall throw a bean bag in a basket at a distance of 4 feet.

34. The child shall throw a ball forward 18 feet holding the ball in one hand.

35. The child shall demonstrate the ability to walk forward, backward and sideways in a coordinated manner on request.

36. The child shall bounce a large ball under control for 4 bounces.

37. The child shall hop on 1 foot for 4 hops without aid.

38. The child shall keep a balloon from touching the floor by batting it for 30 seconds.

Motor Development

Fine Motor

25 - 36 months

1. The child shall insert a small-sized peg into a pegboard hole alone.
2. The child shall demonstrate the ability to strip the candy of its wrapper.
3. The child shall demonstrate the ability to copy a horizontal line and a circle.
4. The child shall turn the page of a cardboard book.
5. The child shall place pieces in the appropriate slots of a 3-piece formboard.
6. The child shall fold paper in half with not more than an inch variance.
7. The child shall pick up small objects and place them in a cup and then dump the objects from it in imitation.
8. The child shall demonstrate ability to grasp a crayon using finger grasp.
9. The child shall imitate a "v" stroke on paper with crayon.
10. The child shall demonstrate the ability to build a tower 6 blocks high.
11. The child shall thread 5 large beads on a string.
12. When the child is handed an object repeatedly, he shall grasp it with the same hand.

37 - 48 months

13. The child shall demonstrate the ability to copy a circle on paper.
14. The child shall demonstrate the ability to cut paper using child-sized scissors.
15. The child shall demonstrate the ability to paste using pointer finger.
16. The child shall demonstrate the ability to imitate building a three-block bridge.
17. The child shall demonstrate the ability to build a tower of 8 blocks.
18. The child shall demonstrate the ability to copy a square.
19. The child shall demonstrate the ability to copy a M and an N.
20. The child shall demonstrate the ability to copy a triangle.
21. The child shall demonstrate the ability to copy a, o, and t.
22. The child shall demonstrate the ability to dress and undress dolls.
23. The child shall make recognizable copies of 5 different printed capital letters

49 - 60 months

24. The child shall demonstrate the ability to lace a shoe.

25. The child shall demonstrate the ability to cut along a straight or slightly curved 4 inch line.

26. The child shall demonstrate the ability to tie his/her shoe lace in a single knot.

27. The child shall demonstrate the ability to copy an x.

28. The child shall demonstrate the ability to fold a square piece of paper diagonally.

29. The child shall demonstrate the ability to copy a 5 block bridge.

30. The child shall demonstrate the ability to cut out a simple picture with child-sized pictures.

31. The child shall demonstrate the ability to hold a pencil in an adult-like manner.

32. The child shall demonstrate the ability to color staying within the circle.

33. The child shall demonstrate the ability to build a stable 10-piece vertical structure of various sizes and shapes.

34. The child shall follow a given stimulus with his eyes without moving his head.

35. The child shall print his name correctly.

36. The child shall hold a paint brush correctly to form a straight, slanted and curved line.

Cognition

25 - 36 mos.

1. The child shall indicate his/her own gender.
2. The child shall identify 1 primary color
3. The child shall point to body parts, head, eyes, nose, mouth, ears, hair, chin, eyebrow, elbows, knee, cheek upon request of the teacher.
4. The child shall point to big and little when presented with 2 like objects.
5. The child shall match 4 color samples on request.
6. The child shall indicate knowledge of his/her own name.
7. The child shall stack 5 rings in order by size upon request.
8. The child shall imitate developmentally appropriate modeled behaviors upon request.
9. The child shall identify boy and girl in presence of either.

37 - 48 months

10. The child shall place an object in front of or in back of himself when requested.
11. The child shall point to and count 4 pennies when requested.
12. The child shall point to the longer of two dark lines upon request.
13. The child shall add 1 missing major part to a page sized drawing of a person.
14. The child shall indicate (by pointing) "big or little" using a picture which shows an 8" and a 4" object.
15. The child shall identify the emotions happy and sad upon presentations of line drawings of faces.
16. The child shall give his first and last name when requested.
17. The child shall complete a 6 piece puzzle in less than 5 minutes when requested.
18. The child shall indicate use of common toys or household items when shown a picture of them.
19. The child shall place 2 halves of a circle together to form a whole circle in imitation.
20. The child shall identify red, blue, and yellow.
21. The child shall utilize media such as paint, crayons, clay, paper to initiate an art activity.

22. The child shall exhibit ability to describe certain characteristics of an object such as color, size, weight, texture, temperature, odor, etc.

23. The child shall point to and count 5 objects upon request.

24. The child shall upon holding or lifting 2 objects, tell which is heavy and which is light, i.e. block and feather.

25. The child shall repeat finger plays with actions from memory (finger plays to be of simple actions of 4-6 sentences).

26. The child shall point to and name a circle, triangle and a square.

27. The child shall repeat 4 nonsense syllables in imitation.

28. The child shall observe and ask questions about other's activities.

29. The child shall discriminate by touch and describe as smooth or rough and soft or hard.

30. Given a ball of clay, the child shall use his hands to form a ball and a snake upon request.

31. The child shall name shapes, circle, triangle and square in his environment no matter what form the shapes take, i.e. table top, picture frame.

49 - 60 months

32. The child shall sort small items into egg cartons according to size, shape, color and/or design as directed.

33. The child shall name 5 different colors when requested.

34. The child shall demonstrate knowledge of concepts of direction - up, down; around, through; forward, backward; near, far; close to, far from by manipulating objects or themselves to follow verbal directions.

35. The child shall relate 2 objects to the verbalized numeral 2 by indicating 2 objects upon request.

36. The child shall differentiate day and night by demonstrating activity which occurs in each time period.

37. The child shall discriminate the difference between a set of one object and a set of 2 objects upon request.

38. The child shall correctly categorize common objects e.g. silverware, fruit or animals upon request.

39. The child shall categorize furniture on the basis of the room in which it belongs (2 pieces of furniture in each room.)

40. Given 2 piles of objects (of 5 related pairs - 1 in each pile) the child shall match associated items.

41. The child shall identify which object of 3 familiar objects has been removed.

42. The child shall identify the first letter of his first name.

43. The child shall immediately name 3 familiar objects which he saw for 30 seconds and which were then taken from view.

44. Given a 10 minute time limit, the child shall put together a simple puzzle of 5 to 8 pieces.

45. The child shall add 3 parts to an incomplete drawing of a man.

46. Given a set of 5 objects of various heights, the child shall arrange the objects so that they are ordered from shortest to tallest.

47. The child will remember one missing part of a drawn simple, familiar object and produce a drawing adding the missing part (clock - no hands, etc.)

48. Given an outline pring of a common object folded symmetrically in half, the child will correctly name the object.

49. The child shall identify specific times of the day, mealtime, bedtime, etc.

Social Emotional

Peer

1. The child shall indicate he is aware of peer presence in either a positive or negative manner.
2. The child shall actively observe what peers are doing.
3. The child shall acknowledge peer's intentions by gesture, facial or verbal signs of understanding.
4. The child shall seek contact with peer in either positive or negative ways.
5. The child shall imitate behaviors of another peer.
6. The child shall respond to a peer request even though he doesn't carry through the action.
7. The child shall respond to a request by a peer and carry through the action.
8. The child shall seek involvement with peers in a positive way.
9. The child shall demonstrate ability to wait his/her turn for a reasonable amount of time.
10. The child shall join in an activity and remain on task for a short period of time.
11. The child shall participate in an adult initiated activity such as a game, song or lesson for a short period of time.
12. The child shall demonstrate attending behavior in adult initiated activities for short periods of time in music, storytime, structured lessons and games.
13. The child shall demonstrate increased time of participation and attention in adult initiated activities.
14. The child shall assist in toy pick-up when requested.
15. The child shall put away toys by him/herself when requested.
16. The child shall put away toys after free play without being reminded.
17. The child shall demonstrate ability to play in a group without guidance from the teacher.
18. The child will demonstrate ability to change from one activity to another by following a routine.
19. The child will demonstrate ability to adapt to new situations through acceptance in change of routine.

20. The child shall demonstrate the ability to try new things with encouragement from the teacher.

21. The child shall demonstrate the ability to try new things independently.

22. The child shall demonstrate sensitivity for other people's feelings by appropriate actions upon explanation by the teacher.

23. The child shall demonstrate appropriate actions in relation to other people's feelings without guidance from teacher.

24. The child will conform to rules for simple games.

25. The child will assist another child upon request by that child.

26. The child will ask other children to play with their toys.

27. The child will demonstrate courteous responses inconsistently.

28. The child will demonstrate courteous responses consistently.

Social Emotional

Self

1. The child shall actively explore his/her environment in a random manner.
2. The child shall demonstrate he/she has an effect on people through attracting attention to himself either positively or negatively.
3. The child shall demonstrate he/she has an effect on the environment through positive or negative actions toward an object.
4. The child shall engage in solitary play by occupying him/herself independently for 10 minutes.
5. The child shall demonstrate self-motivation through moving toward a task, become distracted and not carry it through.
6. The child shall demonstrate appropriate self-motivation by moving toward a task and carrying out the action.
7. The child shall engage in parallel play by seeking out other children to be around rather than play by him/her self.
8. The child shall achieve social contact through the use of language such as meaningful gesture, verbal approximation, formal sign.
9. The child shall initiate and maintain attention in a suitable way inconsistently when he/she wants something by gesture, verbal expression or formal sign.
10. The child shall initiate and maintain attention in a suitable way consistently when he/she wants something by gesture, verbal expression or formal sign.
11. The child shall systematically attempt to rely on his/her own resources before looking for assistance from an adult.
12. The child shall consistently share his/her toys with others when the teacher requests it.
13. The child shall share toys when appropriate using his/her own initiative.
14. The child shall make some positive attempt at becoming involved with peers during free play.
15. The child shall take turns with the other children at the teacher's request.
16. The child shall take turns when appropriate using his own initiative.
17. The child shall remain on task for 10 minutes during appropriate self-directed activities.
18. The child shall wear his hearing aid for 50% of the working day.
19. The student shall wear his hearing aid during part of the working day.
20. The student shall wear his hearing aid for all of the working day.

21. The student shall leave his hearing aid on at the appropriate volume.

22. The student shall not chew his hearing aid cord.

23. The student shall not chew his ear molds.

24. The student shall not take his hearing aid apart.

AUDITORY-ORAL ASPECTS OF LANGUAGE

The development and demonstration of these skills are based on the child's understanding the meaning of the vocabulary and syntax used or through meaningful experiences.

Objectives should be defined in quiet or noise at varying distances of 3, 7, and 10 feet.

Objectives should be defined through use of audition and vision, total or audition alone for understanding and pointing, matching, actions or speech for expression.

1. The child shall demonstrate awareness of sound by indicating its presence or absence.
   a. environmental sounds
   b. speech sounds

2. The child shall demonstrate recognition of the sounds source by indicating its location.
   a. environmental sounds
   b. speech sounds

3. The child shall respond to high and low pitch levels by imitation of vocal production.

4. The child shall distinguish between long and short tones.

5. The child shall distinguish between loud and soft tones and speech sounds.

6. The child shall imitate rhythm and intonation patterns in
   a. phrases
   b. sentences

7. The child shall imitate the consonant sounds of the English language p, b, m, n, t, d, l, s, z, sh, ch, r, dj, k, g.

8. The child shall imitate syllables making use of varying consonant vowel combinations.

9. The child shall imitate the short and long vowel sounds of the English language, a e i o u.

10. The child shall demonstrate understanding of the acoustic message by indicating appropriate object or picture referred to.
    a. gross discrimination
    b. fine discrimination

11. The child shall imitate words, phrases and sentences progressing in length and complexity.

12. The child shall demonstrate understanding of the acoustic message by following a direction.

13. The child shall demonstrate understanding of the acoustic message by answering questions.

OBJECTIVES IN CONTENT AREAS SEPT. TO DEC.

All objectives are using total communication unless otherwise designated.

SAME/DIFFERENT

1. Child will choose from a group of 2 objects the one that is the same that he is holding.
2. Child will match a picture to one of three on a flannelboard.
3. Child will draw line from model to match and then will draw the same as model.

SELF/NAME/IDENTIFICATION

1. Child will point to classmates, teacher, family members when given the spoken and written name(of classmates) 100% of the time.
2. Child will use the names of his classmates and teacher once a day and will refer to himself by using the pronouns me, my, I, mine.
3. Child will point to appropriate picture of boy or girl upon request and will answer Are you a boy?

BODY PARTS

1. Child will verbally imitate the names of certain body parts 50% of the time in lessons. (eyes, ears, nose, mouth, arm, hand, finger, leg, foot, hair
2. Child will point to body parts when given name auditorally. (the above words plus head,teeth,tongue,neck,thumb,body,stomach,knee, elbow,shoulders)
3. Child will answer to What's this for the above body parts 80%of the time.

EMOTIONAL AND PHYSICAL FEELINGS/[illegible]

1. Child will match happy, sad, angry faces in lesson.
2. Child willpoint to appropriate pictures of a certain emotion to help learn to identify their own.

SEASONS

1. Child will match picture of activity under picture of appropriate seasonal tree on 80% of trials.

WEATHER

1. Child will point to a weather condition and name it spontaneously once a week.
2. Child will answer the question Is it cold today?

CLOTHING

1. Child will point to articles of clothing in response to Ques. Where are your socks, shoes, pants, shirt, hat, coat raincoat, mittens, boots on 80% of trials.
2. Child will name above articles of clothing plus sweater, dress, jacket, scarf, sandals, sneakers, clothes.

SHAPES

1. Child will point to matching shape given as example 80%of the time

SELF HELP

1. The child shall consistently indicate his bathroom needs through gesture, signing or verbal expression.

2. The child shall demonstrate the ability to use the toilet unassisted throughout the school day.

3. The child shall demonstrate the ability to wash and dry his hands by himself.

4. The child shall wash his hands at appropriate times inconsistently such as before eating and after toileting.

5. The child shall wash his hands at appropriate times consistently such as before eating and after toileting.

6. The child shall unzip a large zipper on clothing by himself.

7. The child shall demonstrate the ability to unbutton large buttons by himself.

8. The child shall demonstrate the ability to remove his hat and coat by himself with the exception of difficult zippers and buttons.

9. The child shall remove snow pants by himself.

10. The child shall demonstrate the ability to remove outdoor boots by himself.

11. The child shall demonstrate the ability to put on his boots by himself.

12. The child shall demonstrate the ability to put his boots on the correct feet by himself.

13. The child shall demonstrate the ability to zip up large zippers.

14. The child shall attempt to button buttons.

15. The child shall demonstrate the ability to button large buttons.

@1977

16. With the exception of difficult buttoning and zipping, the child shall demonstrate the ability to put on his coat and hat with some assistance.

17. The child shall demonstrate the ability to put on his coat and hat by himself.

18. The child shall put on his snow pants by himself.

19. The child shall demonstrate the ability to hang up his clothing unassisted.

20. The child shall hang up his clothing inconsistently without being asked.

21. The child shall hang up his clothing consistently without being asked.

22. The child shall demonstrate ability to use Kleenex when needed with assistance.

23. The child shall inconsistently use Kleenex when needed unassisted.

24. The child shall consistently use Kleenex when needed unassisted.

25. The child shall inconsistently use Kleenex without reminding and throw it in the appropriate container.

26. The child shall consistently use Kleenex without reminding and throw it in the appropriate container.

27. The child shall demonstrate the ability to drink from a cup without spilling.

28. The child shall demonstrate the ability to pour from a milk carton without spilling.

29. The child shall demonstrate the ability to pour from a pitcher without spilling.

30. The child shall demonstrate the ability to drink from a straw appropriately.

31. The child will consistently stop at the curb and not cross the street before being told.

32. The child will inconsistently put on and take off his hearing aid correctly unassisted.

©1977

33. The child will consistently put on and take off his hearing aid correctly unassisted.

34. The child will consistently be able to take his battery out of the hearing aid unassisted.

35. The child will demonstrate ability to test his battery making correct judgements, with assistance.

36. The child will demonstrate the ability to test his battery making correct judgements unassisted.

37. The student will demonstrate the ability to test his battery making correct judgements without being reminded.

Expressive

1. The child shall vocalize actively and purposefully in communication with others throughout the day, even though the word-like syllables can't be understood.

2. The child shall use a gesture to indicate his wants, i.e. to be picked up, go to the bathroom, get a drink several times a day.

3. The child shall say "more" several times a day when they want something to happen.

4. The child shall say"no"or "all gone" consistently when something is not there when expected.

5. The child shall say "no" to protest something.

6. The child shall use a single word to name 15 familiar things.

7. The child shall use a few words to talk about the things they are doing or seeing.

8. The child shall use a few words to tell when they want more.

9. The child shall say"no"along with the name of the object.

10. The child shall combine a few words to tell you what he/she doesn't want.

11. The child shall tell about something that belongs to him/her or someone else.

12. The child shall use words that describe an object, i.e."big doggie,"that good."

13. The child shall combine several words to talk about actions, i.e., "build house," "me ride bike."

14. The child shall combine words to talk about a change in location.

15. The child shall use"not"to indicate something is not present or when they want to deny the existence of something.

16. The child shall express his/her wants by using words as "like, want, need."

17. The child shall use words to denote location of an object or a person.

18. The child shall use the word "can't" to express something that is not possible.

19. The child shall use two or more words to talk about something they notice.

20. The child shall use "what", "where" and "why" to get information.

21. The child shall indicate he/she wants something at that particular moment by saying "now."

22. The child shall use the word "don't" to limit someone's actions.

23. The child shall use "and" to link one object or situation.

24. The child shall acknowledge people and talk about their actions, "That's Susie's coat.

25. The child will demonstrate understanding of "more than one" by inconsistent use of the plural role of the "s" ending.

26. The child shall use "who" in order to obtain information.

27. The child shall use "how" in order to obtain information.

28. The child shall use word endings to reflect their understanding of time relationships i.e. past tense "ed" or present progressive "ing".

29. The child shall use words like "gonna hafta or let's (maybe)" to demonstrate their understanding that events are not limited to the immediate.

30. The child demonstrates understanding of possession through use of the "s" ending.

31. The child will use more precise descriptions of objects and events through use of appropriate modifiers.

32. The child will use words like "to, for, with" to help pinpoint the relationship between objects or events.

33. The child will use articles such as "a, an and the" to talk about objects more specifically.

34. The child will use "am, is, and are" in their communications.

35. The child will use the verb "can" to express what he/she is able to do.

36. The child will talk about specific location of something in terms of in front of, between, behind, on, under and next to.

37. The child will discuss events that happen in the future through the use of "tomorrow and later".

38. The child will demonstrate his/her idea that there is an absolute way to deal with something through the use of the verbs "must" and "should".

39. The child will make use of pronouns to reflect awareness of themselves in relation to others, my, she, he, it, we, I, our, they, them.

40. The child will ask questions about "when" things are going to happen to reflect their understanding that events have a time relationship.

41. The child will use "before and after" to demonstrate understanding of the relationship of events in a sequence.

42. The child will use "because" to discuss how one thing relates to another.

43. The child will discuss two events that have a sequential relation to one another specifying the time relationship.

44. The child will use his/her language skills to indicate his needs and wants.

45. The child will use his/her language skills to indicate his/her feelings.

46. The child will use his/her language skills to direct others.

47. The child will use his/her language skills to tell about his/her ideas.

48. The child will use his/her language skills to tell about past, present and future events.

49. The child will use his/her language skills to ineract with peers and adults.

Language

Receptive

These objectives are based on child's understanding of single words used in test questions and sentences.

1. The child shall demonstrate understanding that objects can be represented by words by pointing to an object when the teacher gives the name or gives the formal sign.
2. The child shall demonstrate understanding that people can be represented by symbolic names by pointing to the person when the teacher says the name or gives the formal sign.
3. The child shall demonstrate understanding of gesture by coming to the teacher when motioned to.
4. The child shall demonstrate awareness of facial expression through reacting to an angry and happy face.
5. The child shall demonstrate understanding of"more" as a recurrence indicating want of more.
6. The child shall demonstrate understanding of "no" as non-existence by indicating a child or.parent is not in the room or a container is empty.
7. The child shall demonstrate understanding of "no" as rejection by protesting or refusing.
8. The child shall demonstrate understanding of possession by indicating the object and the person who owns it, i.e., mommy's car.
9. The child shall demonstrate understanding of words which describe the features of size, shape, color, texture by pointing to the correct object that the teacher describes, i.e., big, little, round, square, rectangle, primary colors.
10. The child shall demonstrate understanding of action words to objects by carrying out the action on an object that the teacher directs.
11. The child shall demonstrate understanding of actions or change as they relate to change of location by carrying out teacher's directions.
12. The child shall demonstrate understanding of the word "no or not" to deny the presence of existence of something through its appropriate use.
13. The child shall demonstrate understanding of words of preference such as "like, want, need" by answering teacher's question, "Do you like, want, need, ________?" appropriately.
14. The child shall demonstrate understanding that words can describe location of an object or person by indicating place of person or object that the teacher describes.
15. The child shall demonstrate understanding of the question forms "what, where, who, how and why" when used to get information about something.

16. The child shall demonstrate understanding of the word "now" by carrying out an appropriate action.

17. The child shall demonstrate understanding of negation in relation to limiting people's actions by use of appropriate actions.

18. The child shall demonstrate understanding of plurality by indicating more than one object or person when the teacher gives the plural form.

19. The child shall demonstrate understanding of the question for "what, where,,why, how and when" when it is used to ask information about the relationship or cause/effect one situation has to another, i.e., where do I put my shoes? How does that come apart?

20. The child shall demonstrate understanding of time relationships by pointing to the appropriate picture when the teacher uses past and present verb tenses to describe the action.

21. The child shall demonstrate understanding of events that may happen in the future through calendar work or pointing to the correct picture when the teacher uses the future tense.

22. The child shall indicate understanding of precise descriptions of objects and events the teacher presents by pointing to the correct object or carrying out the appropriate direction.

23. The child shall indicate understanding of "to, for, with" by carrying out appropriate directions given by the teachers.

24. The child shall indicate understanding of "am - is - are" as they are used in simple sentences within content lessons.

25. The child shall indicate understanding of the verb "can" as he/she demonstrates his/her ability to do something in answer to the question can you ____________?

26. The child shall indicate understanding of the verb "can"as he/she answers negatively to the question"can you?" to demonstrate inability.

27. The child shall indicate understanding of the verb "must, should" by appropriate actions to the teacher's demands.

28. The child shall indicate understanding of pronouns by demonstrating appropriate relationships when the words are presented by the teacher.

29. The child shall indicate understanding of spatial relationships by carrying out teacher's directions which incorporate on, in, next to, in front of, under, behind, and between.

30. The child shall indicate understanding of the question form "when" by answering "how or later" appropriately.

31. The child shall indicate understanding of the relationships of events in a sequence by following directions presented by the teacher which make use of "before and after."

32. The child shall indicate understanding about how two events relate to one another by understanding the word because in a sentence or as an answer to a why question.

33. The child shall indicate understanding that relationships exist between more than one object or situation by following directions used by the teacher which incorporate "and" as the linking word.

34. The child shall progressively add to his understanding of words in all word classes.

35. The child shall progressively add to his/her understanding of more complex question forms.

36. The child shall progressively add to his/her understanding of more complex sentence structure.

OBJECTIVES IN CONTENT AREAS SEPT. TO DEC.
All objectives are using total communication unless otherwise stated.

SELF/NAME/ IDENTIFICATION

1. Child will point to appropriate picture when asked Show me your sister, brother, parents, people, person.
2. Child will answer to What's your sister's (etc.) name when asked by parent or teacher.
3. Child will answer to What's your name with both names when asked by parent or teacher.
4. Child will ask about a newcomer What's his name?

BODY PARTS

1. Child will point to body parts when given name auditorily (head, ears, eyes, nose, mouth, teeth, tongue, neck, arm, hand, finger, thumb, body, stomach, leg, feet, toes, knee elbow, shoulder)
2. Child will answer to What's this? for the above body parts 80% of the time.
3. Child will answer the question What do we hear(etc.) with and What do we do with our ears?
4. Child will demonstrate his answer to the question Show me two ways to move your legs.

FEELINGS

1. Child will point to appropriate pictures of a certain emotion to help [illegible] for learning to identify their own emotions.
2. Child will answer the question How do you feel?
3. Child will attempt to answer the question why he feels a certain way.
4. Child will answer the question What do I need if I am hungry, thirsty, or tired? on 80% of trials.

SEASONS

1. Child will match picture of activity under picture of appropriate seasonal tree on 80% of trials.
2. Child will contribute, with help, one answer to the question What happens or do we do in fall, winter? and When do we go swimming (etc.) in lessons.
3. Child will attempt to sequence pictures of trees by season.

WEATHER

1. Child will point to a weather condition and name it spontaneously once a week
2. Child will answer the question What is the weather today? 100% of trials.
3. Child will match pictures of weather conditions to picture of season.

CLOTHING

1. With auditory input only, child will point to articles of clothing in response to Where are your socks, shoes, pants, shirt, hat, coat, raincoat, mittens, boots on 80% of trials.
2. Child will name the above articles of clothing along with skirt, sweater, dress, jacket, scarf, sandals, sneakers, clothes.
3. Child matches clothing pictures according to weather and season pictures.

SHAPES

1. Child will name square, circle, triangle, rectangle when asked What shape is this ____? 100% of the time.
2. Child will notice shapes in pictures and objects.

FOOD

1. Children are exposed to the idea that we need food to grow healthy and tall and will identify and name certain foods 80% of the time.
2. Child will sort items of food into categories of meat, vegetable, fruit, dessert on 50% of trials.

FAMILY

1. Children will identify pictures of their family members by pointing in answer to question Show me your sister, brother parents etc.
2. Child, will participate in discussions about the jobs and activities of family members.
3. Child will give answer to What does your mommy do?

DAILY ACTIVITIES

1. Child will participate in discussion of what we do every day.
2. Child will name one thing we do every day when asked in lesson and also special things we do sometimes.
3. Child will offer suggestion of what comes next in a sequence of pictures of daily activities 3 of 5 times.

HOLIDAYS

1. Children will be exposed to custom of dressing up to look funny on Halloween to surprise people, getting candy in bags because people are surprised. The Halloween words will be introduced and pumpkin pie will be made, along with a jackolantern. Stories will be read to make it somewhat understandable.
2. Child will associate family gathering, turkey and other related foods with a special time called Thanksgiving.
3. Children will be exposed to discussion about general customs of Christmas and Hanukah, that they are times for doing nice things for other people because we love them. They will give and receive gifts and will become familiar withthe symbols of the holidays through art, cooking and stories.

OBJECTIVES IN CONTENT AREAS SEPT. TO DEC.

All objectives are using total communication unless otherwise stated.

SAME/DIFFERENT

1. Child will draw line from model to match and then will draw the same as model.
2. Child will pick out of 4 objects the one that is different.

SELF/NAME/IDENTIFICATION

1. Child will point to classmates, teacher, family members when given the spoken and written name (of classmates) 100% of the time.
2. Child will say the names of his classmates and teacher once a day and will refer to himself by using the pronouns me, my, I, mine.
3. Child will classify new people and pictures as boy or girl.
4. Child will answer to What's your name when asked by teacher or parents.
5. Child will point to appropriate picture when asked Show me your sister, brother, parents, people, person.

BODY PARTS

1. Child will verbally answer to What's this? for these body parts - arm, eyes, nose, mouth, ear, hand, finger, leg, foot, toe, stomach, head, teeth, tongue, neck, thumb, body, knee, elbow, shoulders.
2. Child will point to the above body parts when given the word auditorally.
3. Child will answer the question What do we hear(etc.) with? and What do we do with our ears (etc.)

FEELINGS

1. Child will match happy, sad, angry faces in lesson.
2. Child will point to appropriate picture of a certain emotion to help carryover for learning to identify their own emotions.

SEASONS

1. Child will match picture of activity under picture of appropriate seasonal tree on 80% of trials.

WEATHER

1. Child will point to a weather condition and name it spontaneously once a week.
2. Child will answer the question Is it cold today?
3. Child will answer the question What is the weather today? once or twice a week.

CLOTHING

1. Child will point to articles of clothing in response to question Where are your socks, shoes, pants, shirt, hat, coat, raincoat, mittens, boots on 80% of trials.
2. Child will name above articles of clothing plus sweater, dress, jacket, scarf, sandals, sneakers, clothes.
3. Child matches clothing pictures according to weather pictures.

SHAPES

1. Child will point to matching shape given an example 100% of the time.
2. Child will name square, circle, triangle, rectangle when asked What shape is this ______? on 80% of trials.

FOOD

1. Children are exposed to the idea that we need food to grow healthy and tall and will identify and name certain foods 80% of the time.

FAMILY

1. Child will identify family members by pointing to picture in answer to Show me_____ (using a name) 80% of the time.
2. Child will answer with name to question Who is that or What is her name in regard to family members 80% of the time.

DAILY ACTIVITIES

1. Child will participate in discussion of what we do every day.

HOLIDAYS

1. Children will be exposed to custom of dressing up to look funny for Halloween to surprise people, getting candy in bags because people are surprised. The Halloween words will be introduced and pumpkin pie will be made, along with a jackolantern. Stories will be read to make it somewhat understandable.
2. Child will associate family gathering, turkey and other related foods with a special time called Thanksgiving.
3. Children will be exposed to discussion about general customs of Christmas and Hannukah, that they are times for doing nice things for other people because we love them. They will give and receive gifts and will become familiar with the symbols of the holidays through art, cooking and stories.

2

3,4,5

FOOD

1. Children are exposed to the idea that we need food to grow healthy and tall and will identify and name certain foods 80% of the time.

FAMILY

1. Child will identify family members by pointing to picture in answer to Show me_____ (using a name) 100% of the time.
2. Child will answer with name to question Who is that or What is her name in regard to family members 80% of the time.

DAILY ACTIVITIES

1. Child will participate in discussion of what we do every day.

HOLIDAYS

1. Children will be exposed to custom of dressing up to look funny for Halloween to surprise people, getting candy in bags because people are surprised. The Halloween words will be introduced and pumpkin pie will be made, along with a jackolantern. Stories will be read to make it somewhat understandable.
2. Child will associate family gathering, turkey and other related foods with a special time called Thanksgiving.
3. Children will be exposed to discussion about general customs of Christmas and Hannukah, that they are times for doing nice things for other people because we love them. They will give and receive gifts and will become familiar with the symbols of the holidays through art, cooking and stories.

2

3,4,5

OBJECTIVES IN CONTENT AREAS JAN. - JUNE 197[illegible]
(*all objectives are using total communication except when designated)

HOME

1. Child will point to 4 different kinds of homes in 80% of pictures shown (animal, etc., kinds of materials, types)
2. Child will name parts and certain objects within the house with 80% accuracy.
3. Child will be exposed to certain concepts, expressions, and vocabulary concerned with homes: home is where I live; homes are different but all have some things; homes are made of certain things, give us shelter from weather; people live together in homes, eating, sleeping, washing.
4. Child will identify rooms of the house in answer to verbal description on 80% of trials.
5. Child will name at least one activity we do in each room when asked in lesson.
a6. Child will answer the question Where do you live? when asked by parent or teacher on 80% of trials.
7. Child will place house item in appropriate room on 80% of trials.
8. Child will be encouraged to extend the concept of care of himself to care of his belongings and of his home.

MALIMAN AND VALENTINE'S DAY

1. Child will dramatize through play a simple understanding of mail delivery.
2. Child will be exposed to discussions about general customs of the day, send a Valentine home and participate in cooking and art projects that center on the holiday symbols.

COMMUNITY WORKERS

1. Child will be exposed to discussion about the needs that create jobs; how people help us and how we should be polite to them; how and why their parents work; what kinds of clothing, tools, and places are appropriate and involved in certain jobs. Specific work will be done on policeman, fireman, doctor, stores.
2. Child will attempt to answer "Why do we work?" when asked by teacher.
3. Child will spontaneously use the word work or job several times a week.
4. Child will name one job that he does in school when asked by teacher.
5. Child will demonstrate understanding of certain jobs through dramatization.
6. Child will demonstrate simple understanding of major street signs through dramatization.
7. Child will point to correct store on being shown the correct item belonging there on 80% of trials.
8. Child will answer the verbal question Where do we buy___? on 80% of trials.
9. Child will attempt to answer the question What will happen when shown a safety-danger situation and will begin to apply safety rules to their own lives.
10. Child will demonstrate understanding of doctor's job by appropriate role-playing.
11. Chile will name 10 workers (Peabody kit) in answer to "Who Is That?"

SPRING
1. Child will match picture of activity under picture of appropriate seasonal tree on 80% of trials.
2. Child will contribute answer to the question "What happens in fall?" and When do we go swimming etc. in lessons.
3. Child will spontaneously use the words grow and spring in his vocabulary.
4. Child will attempt to sequence pictures of trees by season.

GROWTH

1. Child will be exposed to [illegible] bigger, heavier, that we need certain [illegible].
2. Child will give one answer to the question "What do we need to grow?"
3. Child will be encouraged to [illegible] and [illegible] of [illegible] about himself to care for himself in the [illegible].

EASTER, MOTHER'S DAY

1. Child will be exposed to discussion about [illegible] of the holidays. Cooking, art and books will center on holiday [illegible].

WIND - AIR

1. Child will be exposed to discussion of his physical environment in the concepts that wind is air and makes things move.
2. Child will identify spontaneously a wind, [illegible] of air functioning in his experience.

PLANTS

1. Child will be exposed to concepts of his physical environment in the area of plants: that there are many different kinds of plants, that they grow from seeds.
2. Child will name one thing a plant needs to grow.

ANIMALS FARM ZOO

1. Child will point to or answer the question "Where does the [illegible] live?" on 80% of trials with major animals [illegible].
2. Child will be exposed to concepts that animals look differently, have different amounts of legs, some have tails, move differently, have different coverings, and sound differently.
3. Child will select from 4 pictures or name one animal that has one or more of the above attributes on 80% of trials
4. Child will identify 10 farm animals by name with 80% accuracy on [illegible] either by pointing or naming.
5. Child will match products of main farm animals with the appropriate animal, either with object, picture or name on 80% of trials.
6. Child will be exposed to the concepts that farm animals live in different places and do different things in a day.
7. Child will be exposed to the concepts that we grow vegetables on a farm, feed these to animals, or sell them, buy them at the store or grow them at home.
8. Child will name or point to 5 zoo animals on request with 80% accuracy.
9. Child will participate in discussion about if a certain animal could be a pet and he give the animal a name.

APPENDIX Q

EXTERNAL EVALUATION REPORTS

MONTGOMERY COUNTY INTERMEDIATE UNIT
Speech, Language, and Hearing Program

Suggestions for Developing Your Child's Speech and Language Systems

1. Model the correct language target.

2. Expand your child's statements into more complex ones.

3. Keep the thought process going with a side comment on the child's statement.

4. Use self-talk.

5. Use parallel- talk.

6. Isolate small elements of language to build on.

OA-501 12-67

COMMONWEALTH OF PENNSYLVANIA

December 1, 1977

SUBJECT: Interim Evaluation Report of Preschool Handicapped Programs Funded Under EHA-B in Intermediate Units

TO: Executive Directors, Special Education Directors and Contact Personnel for EHA-B

FROM: Gary J. Makuch, Director Gary J. Makuch
Bureau of Special and Compensatory Education

The information in this interim evaluation is provided to aid an internal program improvement in each intermediate unit operated pro for preschool handicapped persons. Fiscal resources or continuation of project programs is not determined by this or any subsequent program reports.

It is anticipated that this interim report will provide direction and project administration and operation as well as recommendation for programming that are practical and feasible. Some of these recommendations may be able to be implemented before the second on-site visitations by the contracted third party evaluators that are scheduled for April and May of 1978.

The final evaluation report will be distributed to intermediate units after June 30, 1978. The final report will be similar in form to this interim report but, in addition, will reflect significant program progress made between the two on-site visitations.

Please check the interim report for accuracy of data and information provided by your intermediate unit. Corrections and any comment concerning the interim report should be directed to Mr. Carl Thornton of my staff.

Carl E. Thornton
Special Education Adviser
Special Education Federal Programs
and Services Division
Box 911
Harrisburg, Pennsylvania 17126
(717)787-7459

RECEIVED
NOV 2 1977
[illegible]

Intermediate Unit # 23

Dates of Visits

First Visit October 3 & 4, 1977

Second Visit ________________________

Since contractors performing research and evaluation under government sponsorship are encouraged to express their own judgement freely, this evaluation is prepared by IER field and professional staff and is based on the data collected, observations made and interviews conducted (with project administrators and staff, professional specialists, parents and representatives of outside agencies) by IER personnel. It does not necessarily reflect the position, opinion or policy of the Bureau of Special and Compensatory Education of the Pennsylvania Department of Education, and no official endorsement, therefore, should be inferred on the part of BSCE.

B.S.C.E. PROGRAM #

PROGRAM FUNDS: $

PROGRAM TITLE: A Plan for Initiation of Services to Handicapped Children Not Previously Served

LOCAL EDUCATIONAL AGENCY: Montgomery County Intermediate Unit #23
1605-B West Main Street
Norristown, PA 19401

CONTACT PERSON: Dr. Robert H. Leiss

NUMBER OF PERSONS PROJECTED TO BE SERVED: 571 *

ACTUAL: 50

BREAKDOWN OF PERSONS BY EXCEPTIONALITY AND AGE

	Age (Years)
	Actual
Exceptionality	3-5
Trainable Mentally Retarded	25
Educable Mentally Retarded	5
Learning Disabled	-
Socially & Emotionally Disturbed (Emotionally Disturbed)	-
Physical Handicapped (Crippled)	-
Visually Handicapped	-
Deaf/Blind	-
Hearing Impaired (Hard of Hearing/Deaf)	9
Speech & Language Impaired	11
TOTAL:	50

---

* At the time of the first on-site visit, the breakdown of exceptionalities of the number of persons projected to be served was not available.

OVERALL PROGRAM OBSERVATIONS
AND REC[illegible]ATIONS

INTERMEDIATE UNIT 23

PROGRAM ADMINISTRATION:

The assistant director of special education for the I.U. is responsible for overall administration and supervision of this program. The directing and supervision of day-to-day activities is shared by three program supervisors; each of these supervisors oversees the daily operations of specific program service components in a delegated area of responsibility. Full time program paid staff includes a case manager, a recently hired information manager, four special education teachers, three teacher aides, a speech/language clinician, an I.E.P. facilitator, and a psychologist.

Part time instructional staff includes a physical therapist, an occupational therapist and another I.E.P. facilitator. An audiologist is contracted by the program to work on a regularly scheduled basis. Contracted services are also provided by three psychologists, a pediatrician, a psychiatrist, a neurologist, and an optometrist. Supportive services are also provided by the I.U.'s coordinator of the federal project. This coordinator offers on-going technical advice to the program and has been instrumental in helping to develop a proposal for a planned, computer-based child tracking system.

Formal staff meetings occur at least monthly between the program director, the case manager, the information manager, the psychologist, and the coordinator of the federal project. Other intra-staff communication occurs on an informal basis, mainly within the boundaries of each separate program component. As a result, cross-over communication between staff members of different components is minimal, and communication among staff within specific program components is somewhat lacking coordination and effectiveness. Awareness of communication difficulties has stimulated some staff members to initiate steps toward the amelioration of certain communication barriers, particularly within specific program components among direct service personnel.

The staff appeared quite familiar with program objectives, and they demonstrated both a positive attitude toward the program and a high level of dedication for developing the program to its potential.

Outside agency contacts vary from fair to excellent; the public school system is particularly cooperative with the program, as are the MH/MR Base Service Unit and other preschool programs.

PROGRAM OPERATION:

The program consists of five major components: public awareness campaign; diagnostic evaluations; I.E.P. development; center-based instruction; and child tracking system.

INTERMEDIATE UNIT 23

The information manager is responsible for directing and implementing the public awareness campaign. As of the date of the on-site visit, the information manager had been employed with the program for only three days. In the past, methods utilized have been extensive and have included the following: program newsletters to public schools, physicians, agencies and industries; program pamphlets, brochures and posters; meetings with schools, agencies, and physicians; T.V. and radio advertisements; church bulletins. By far the most successful technique for developing awareness has been program announcements on local television programs ("Dialing for Dollars"), which resulted in mass referrals. The present information manager intends to continue with this comprehensive campaign, and particularly focus on television activities sponsored in conjunction with other local counties and I.U.'s The western section of the county has been targeted for a proposed mass screening project; the information manager is planning concerted public awareness activities at the medical community in this district.

Initial referral calls are primarily received by secretaries, although they may also be accepted by the case manager, the information manager or the psychologist. The referral is then forwarded to the case manager, who contacts the parents by phone to gather initial information and arrange a home visit. During the home visit, the case manager collects data on the person's developmental history, discusses the services provided by the program with parents and secures parental release forms. He then makes recommendations for diagnostic evaluations by appropriate staff members. Following the diagnostic evaluation(s) the results of the assessment are reviewed and discussed by the psychologist and the case manager. Further diagnoistic tests may be recommended by the psychologist if necessary. The case manager and psychologist jointly meet with the parents in order to share evaluation results and make reocmmendations regarding placement, whether it be within the program or through referral to an outside agency; I.E.P.'s are then developed within 30 days.

I.E.P. development is based on input from program supervisors, teachers and some parents. Occasionally therapists are also included in this process. At the time of the on-site visit, initial meetings composed of relevant instructional staff and some parents had been conducted for the purpose of developing I.E.P.'s. Participating parents expressed a variety of opinions about the extent of their role in I.E.P. development, which ranged from approval of staff-selected I.E.P.'s to liberal parental involvement.

The next component, center-based instruction, consists of four special education preschool classrooms each located in public school buildings. All four classrooms operate a 2½ hour morning and afternoon session, four days a week. The first class is conducted by one teacher and serves hearing-impaired persons, with five persons participating in the morning and four in the afternoon. A second class provides a learning experience for eleven persons with communication disorders and is staffed by a teacher and an aide; enrollment is divided between the two sessions, with five persons attending one and six receiving services in the other session. Both of these classrooms are under the direction of one program supervisor who provides programmatic consultation and, therefore, similarities exist in the curriculum formats utilized by both. Staff-developed performance statements in five curriculum areas, developmental norms and performance conditions are elements used to develop I.E.P.'s. Two other classes, one for MR persons and one non-categorical class, also deliver instructional services and are staffed by a teacher and an aide. An occupational therapist and physical therapist visit each classroom one day a week and carry out class activities related to their respective fields. Again, one program supervisor is designated to oversee the operations of these classrooms, and both incorporate teacher-developed curriculum. Progress is evaluated in all four classes through staff observation and achievement levels on I.E.P. objectives.

Child tracking information for persons in the 0-21 age group is encompassed in a paper file system; types of information recorded are: basic identification data (name, address, birthdate, etc.); referral information; type of handicapping condition; diagnostic/evaluation data; placement recommendations; actual placement. Revisions are made on an unstructured, on-going basis, as necessary. Although the coordinator of the federal projects is presently involved in the supervision of child tracking activities and the design of a computer-based system, the information manager is expected to gradually assume this responsibility.

As of the date of the on-site visit, parent involvement activities appeared to be minimal. Plans are being made for the development of a parent training program. Some instruction is provided to parents by the staff to carry out therapeutic/educational activities in the homes. This is mostly informal, with the exception of the teacher in the hearing-impaired class who conducts weekly home visits for this purpose.

INTERMEDIATE UNIT 23

EXTENT TO WHICH THE SEVEN OBJECTIVES (AS DEVELOPED BY THE BUREAU OF SPECIAL AND COMPENSATORY EDUCATION) ARE BEING MET BY THE PROGRAM

Objective 1- To create public awareness of programs and services available to previously unserved handicapped persons, birth to 21 years of age.

Program information is disseminated to the community and to those involved in the program by means of articles and advertisements in newspapers and local industry newsletters, project newsletters, posters and brochures, letters and meetings with public schools, physicians and outside agencies, professional meetings, church bulletins and radio and television announcements. The most successful technique for getting referrals has been the announcements made on local talk shows.

Objective 2- To locate and identify previously unserved and underserved handicapped persons, aged birth to 21 years.

The target population for program location and identification activities is all persons from birth to age 21. Psychological and other testing is the primary procedure utilized for the identification of previsouly unserved and underserved handicapped persons.

Objective 3- To verify the eligibility of thought-to-be handicapped preschool persons for special education programs and services under EHA-B. To determine and document the educationally relevant handicaps of unserved preschool persons.

Multi-disciplinary evaluation for verification of handicap are provided by the program. The results of evaluations are used to identify the person's handicapping condition to assist in developing individualized educational programs and to make appropriate program placement.

Objective 4- To provide individualized educational program plans for preschool handicapped persons served, assigned, or referred by means of EHA-B.

The Bayley Scales of Infant Development, the Peabody Picture Vocabulary Test, the Preschool Attainment Record, the Vineland Social Maturity Scale, the Schaumberg Language Development Milestones and the Carrow Test for Auditory Comprehension are some of the assessment tools/procedures being used by program staff for diagnostic classification and I.E.P. development. Approximately 50 parents have participated in the development and/or review, revision and updating of I.E.P.'s The meetings take place on an as-needed basis. Approximately 25 parents are involved in monthly parent education groups and, twice a year, parent seminars are held for approximately 35 parents. In addition, 50 parents are instructed to carry out educational or therapeutic programs in the home.

Objective 5- To refer preschool handicapped persons to existing agency instructional programs and services which are able to meet the educational needs of these handicapped persons for whom such programs and services are not mandated or otherwise available.

The target population of the preschool program are those handicapped persons aged 2-5 for whom services are not mandated or otherwise available. The program provides instruction in four self-contained classrooms as well as itinerant instruction in schools. Currently, no handicapped persons are integrated into regular preschool programs. In addition to classroom services, the program also provides individual and physical therapy in the classroom. Of the present handicapped persons served by the program, none are expected to enter regular school classes when they become school age. The program maintains an excellent relationship with public schools and has a good relationship with the MH/MR Base Service Unit and other preschool programs. Some relationships have been established between the program and other I.U. operated programs, private agencies and the medical community. Information regarding diagnostic findings, treatment programs and recommendations for treatment are released to outside service providers in strict conformance with regulations concerning confidentiality and parental consent.

Objective 6- To provide a child-based information system which longitudinally monitors education and related services recommended for and provided to handicapped persons, birth to 21 years of age, and local, state, and federal level information needs.

The program maintains a manual card file child tracking system which includes the name, address, presumed disability, testing completed by EHA-B staff and other agencies, placement, dates of parent conferences and due process information for every person served by the program. Child tracking information is utilized to obtain a child count, to assist in monitoring persons served by the program and to prepare reports requested by the state. Handicapped persons are tracked until they reach school age and the information is updated when changes occur.

INTERMEDIATE UNIT 23

Objective 7- To plan, manage, evaluate, and report the progress of EHA-B programs and services for the purposes of local and state level management and accountability.

Past experience and the number of referrals received monthly were used to determine the projected number of persons to be served. Program effectiveness in terms of stated objectives is measured by the number of referrals to the program, the number of persons for whom instructional services are provided and/or I.E.P.'s developed, the accessibility of child tracking information and the program's success in meeting accounting and reporting deadlines.

INTERMEDIATE UNIT 23

RECOMMENDATIONS:

1. In order to provide some cross-over communication and coordination between different program components, attempts should be made to schedule regular meetings for total program staff three to four times a year.

2. In an effort to enhance communication among direct service personnel, consideration should be given for allowing regularly scheduled bi-weekly or weekly meetings to occur during program operational hours and to include the program supervisor, teacher, aide, and appropriate consulting therapists.

3. Since no one person is currently designated for the role of coordinating overall day-to-day services provided by separate components, perhaps someone such as the case manager should assume the responsibility for this liaison role.

4. There is a critical need to improve and provide the quality, quantity or variety of parental involvement activities. The following might be considered:

   -Because of staff frustration with the low level of involvement in past planned activities, consideration should be given to developing a parental interest inventory instrument in order to assess parents' areas of concern and interest. This instrument could be informally distributed and collected by instructional staff, and data be utilized for planning activities.

   -Because parents, particularly fathers, may be less likely to attend activities held during the day due to employment committments, activities should be scheduled in the evening.

   -Since parents of persons with different handicaps and extent of handicaps have different needs, some activities may be based on exceptionality groupings.

   -In order to encourage parents to participate in classroom observation activities, more frequently and unobstrusively, efforts should be made to develop parent observation booths in each classroom with two-way mirror.

   -Present plans for initiating parent training groups should be pursued, as well as increasing the number and types of other parent involvement activities offered by the program.

5. In an effort to foster better communication between instructional staff and parents regarding classroom activities and progress, planned staff-parent conferences should be regularly scheduled.

6. Currently, placement decisions are based exclusively on the recommendations of the case manager and psychologist. Plans should be made to include teachers in this process since they are most familiar with direct services aspect of the program.

INTERMEDIATE UNIT 23

Objective 7- To plan, manage, evaluate, and report the progress of EHA-B programs and services for the purposes of local and state level management and accountability.

Past experience and the number of referrals received monthly were used to determine the projected number of persons to be served. Program effectiveness in terms of stated objectives is measured by the number of referrals to the program, the number of persons for whom instructional services are provided and/or I.E.P.'s developed, the accessibility of child tracking information and the program's success in meeting accounting and reporting deadlines.

INTERMEDIATE UNIT 23

RECOMMENDATIONS:

1. In order to provide some cross-over communication and coordination between different program components, attempts should be made to schedule regular meetings for total program staff three to four times a year.

2. In an effort to enhance communication among direct service personnel, consideration should be given for allowing regularly scheduled bi-weekly or weekly meetings to occur during program operational hours and to include the program supervisor, teacher, aide, and appropriate consulting therapists.

3. Since no one person is currently designated for the role of coordinating overall day-to-day services provided by separate components, perhaps someone such as the case manager should assume the responsibility for this liaison role.

4. There is a critical need to improve and provide the quality, quantity or variety of parental involvement activities. The following might be considered:
   -Because of staff frustration with the low level of involvement in past planned activities, consideration should be given to developing a parental interest inventory instrument in order to assess parents' areas of concern and·interest. This instrument could be informally distributed and collected by instructional staff, and data be utilized for planning activities.
   -Because parents, particularly fathers, may be less likely to attend activities held during the day due to employment committments, activities should be scheduled in the evening.
   -Since parents of persons with different handicaps and extent of handicaps have different needs, some activities may be based on exceptionality groupings.
   -In order to encourage parents to participate in classroom observation activities, more frequently and unobstrusively, efforts should be made to develop parent observation booths in each classroom with two-way mirror.
   -Present plans for initiating parent training groups should be pursued, as well as increasing the number and types of other parent involvement activities offered by the program.

5. In an effort to foster better communication between instructional staff and parents regarding classroom activities and progress, planned staff-parent conferences should be regularly scheduled.

6. Currently, placement decisions are based exclusively on the recommendations of the case manager and psychologist. Plans should be made to include teachers in this process since they are most familiar with direct services aspect of the program.

INTERMEDIATE UNIT 23

7. Consideration should be given to revising and up-dating child tracking information on a regular basis, perhaps twice a year.

8. Plans by the information manager to continue the comprehensive public awareness campaign, to work jointly with other counties through electronic media, and to establish a more extensive rapport with the medical community should be pursued.

9. Plans for the mass screening project should be further developed and pursued.

10. Since there is no advisory committee, consideration should be given for the formulation and utilization of such a group.

INTERMEDIATE UNIT 23

I.U. AND PROGRAM STAFF INTERVIEWED

	Name	Title
1.	Dr. Robert H. Leiss	Assistant Director of Special Education
2.	Dr. Steven Banks	Director of Special Education
3.	David R. Shiery	Case Manager
4.	Marybeth Medernach-Melzer	Information Specialist
5.	Kathleen Bachus	Preschool Teacher - Hearing Impaired
6.	Janet E. McBride	Supervisor - Hearing & Language
7.	Linda Brown	Audiologist
8.	Laurie Erassinelli	Speech & Language Clinician
9.	Ann Marie Kauffman	Psychologist
10.	Patricia Warliga	Teacher
11.	Kathryn Schlaudecker	Occupational Therapist
12.	Carol Mannheimer	Speech-Language Pathologist (Teacher)
13.	Ann Walls	Teacher
14.	Lynne Constable	Physical Therapist

Total I.U. and Program Staff Interviewed: 14

Total Parents Interviewed: 8

PROGRAM LOCATIONS VISITED

Special Education Center
1605 W. Main Street
Norristown, PA 19401

Gwyn Nor Elementary School
Hancock Street
North Wales, PA 19454

School for Hearing Impaired Children
Montgomery County Intermediate Unit
800 S. Broad Street
Lansdale, PA 19446

Highfield Elementary School
2910 Jolly Road
Norristown, PA 19403

Plymouth Elementary School
542 Plymouth Road
Plymouth Meeting, PA 19462

Sandy Run Elementary School
Twining Rd. & Limekiln Pike
Dresher, PA 19025

APPENDIX R

INFORMATION ON CHILDREN SEEN AND EVALUATED

COMPONENT 2
FINAL COMPLETION REPORT, LOCATION AND IDENTIFICATION
(Fiscal/Program Year 1977-78 - Status as of 6/30/78)

IU # 23

ACCOMPLISHMENT (OUTCOME) UNITS — NUMBER OR AMOUNT REPORTED

Number of Children

	Total	Birth-2	3-Entry	Entry-21
Referral Referrals of thought-to-be handicapped children (excluding group screenings)	253	51	201	1
Screening Children screened for possible handicap	238	49	189	0
Verification Children evaluated for verification	246	47	202	0
Children verified as handicapped	109	16	93	0

Severity of Handicap

	Mild	Moderate	Severe
Mentally Retarded	15	18	2
Learning Disabled	2	2	
Emotionally Disturbed	6		
Other Health Impaired			
Crippled	2		1
Visually Handicapped			
Deaf-Blind			
Deaf			5
Hard of Hearing		2	
Speech & Language Impaired	11	25	21
Severely Brain Damaged			17
Severely Multi-handicapped			2

PROGRESS (circle one in each category)

a. Outcome units	More than expected	Fewer than expected	[✓ As expected]
b. Timelines	Ahead of schedule	Behind schedule	[✓ On time]
c. Resource Availability	Resources superabundant	Resources insufficient	[✓ Resources adequate]

FUNDING (Indicate the amount of funding that was applied to location and identification during the 1977-78 fiscal year)

Allocated under EHA-B Project #: 48-05023-460-380	Allocated under EHA-B Project #:
$ 40,250	$

APPENDIX S

EVALUATIONS BY DIAGNOSTIC COMPONENT

1977-1978 EVALUATIONS BY DIAGNOSTIC COMPONENT

	APPOINTMENTS KEPT	APPOINTMENTS CANCELLED
AUDIOLOGICAL	203	28
SPEECH	182	19
VISION	190	42
PEDIATRIC	77	23
PSYCHOLOGICAL	101	9

APPENDIX T

SAMPLE IEP FROM MR CLASS

PRESCHOOL PILOT IEP

P #
IEP #

Parents/Guardians: ______ Child: ______
Address: ______ Date of Birth ___ / ___ / ___ (Mo, Day)
______ Age: ___ Years ___ Months
Phone: (215) ______ School District: WISSAHICKON

This Individualized Educational Program (IEP) was planned during meeting(s) with the child's parents/guardians, teachers, Intermediate Unit (IU) representatives, and others invited by the parents or the IU representatives.

My initials in the boxes show the planning activities in which I took part during the development of this IEP:

Parent	Teacher	IU Rep.	
			(A) Finding the skills this child has now.
			(B) Setting the goals for teaching and the steps needed to reach those goals.
			(C) Deciding the programs and services needed by this child in order to learn new skills.
			(D) Planning when each program and service will begin and end for this child.
			(E) Deciding how this child's progress will be checked, how often the parents will receive progress reports (Updates), and when the next IEP meeting (Review) will be held.

My signature below shows my approval of this IEP plan:

Parent/Guardian/Surrogate ______ Current IEP Date ______ Other ______ Date ______

Parent/Guardian/Surrogate ______ Date ______ Other ______ Date ______

Teacher, Program Implementor ______ Date ______ Other ______ Date ______

IU Representative ______ Date ______ Other ______ Date ______

DEBE-1810-A (8/77)

Name	Relationship to Child	Planning Dates [illegible]	IEP Development
	IEP FACILITATOR		
	CERTIFIED SCHOOL PSYCHOLOGIST		
	SPEECH CLINICIAN		
	MOTHER		
	FATHER		

Optional

PROGRAM SUMMARY

Program/Service	Planned Beginning	Actual Beginning	Planned End	Contact Hrs./Wk.	Type of Setting*	Staff	Phone
EHA-B PRESCHOOL CLASS	9 / 11 / 78	/ /	/ /	12-1/2	Segregated		
	/ /	/ /	/ /				
	/ /	/ /	/ /				
	/ /	/ /	/ /				
	/ /	/ /	/ /				
	/ /	/ /	/ /				
	/ /	/ /	/ /				

Planned and Actual Dates

*Setting Code: Individual - with no other children present. Normalized - class which includes children who do not have special needs, as well as some children with special needs. Segregated - with other children who have special needs. Other - Specify

EVALUATION SCHEDULE

Updates

Progress reports will be given to the parents on the following dates:

11 / 1 / 78   __/__/__

__/__/__   __/__/__

__/__/__   __/__/__

Reviews

IEP Review meetings are scheduled for the following dates:

8 / 25 / 79   __/__/__

__/__/__   __/__/__

This IEP must be reviewed at least once a year in a meeting by the parents/guardians, teachers, and IU representative

Additional Updates and Reviews will be needed when the child's progress is faster or slower than expected when the IEP is written.

DOB: 10/ /75

PROGRAM PLAN

Summary Statements:

was referred for Title VI evaluation by his parents. He is a Down's Syndrome child who has been enrolled in the M.A.R.C. Infant Stimulation Program since he was six months of age.

Results of Title VI evaluation indicated that had no visual problems. During audiological evaluation, failed to respond to formal testing, therefore, pure tone and discrimination levels were not assessed. did not accept the earphones. He did localize at 15 db in the sound field and his middle ears were functioning adequately. Recommendation was made for an audiological retest in six months.

During speech and language evaluation, was not cooperative for formal tests, so much of the information was acquired from parent reports. Receptively, appeared to be functioning at about the 16 to 18-month level. He failed to identify many objects which he consistently identifies at home and at school. He did appear to perform better when gestures were used along with verbal cues. Expressively, appeared to be somewhat more delayed. He is using primarily one-word utterances with a few two-word utterances. He uses gestures a great deal. At the feedback conference, said that within the past month has improved a great deal in his ability to get his message across. During evaluation, did not imitate gross motor or vocal actions. His intelligibility was poor due to the omission of final sounds and initial sound distortions. Examination of the intraoral mechanism indicated an open mouth, slight tongue protrusion, and a broad low palate. Some drooling was noted. Recommendation was made for speech and language therapy to comprise a primary portion of educational program. Several home suggestions were also made.

Physical examination during pediatric evaluation was normal. Height and weight were average, and head size was within the borderline small range. had a slight heat rash under his right arm. At the feedback conference, said that this has been checked by the family doctor and appears to persist pretty much throughout each summer. Behaviorally, had a short attention span typical of a one and one-half to two-year old. Gross motor development appeared to be at the 18 to 21-month level. Fine-motor and language development were at the 15 to 18-month level. No medical or neurological problems other than Down's Syndrome were noted.

Results of psychological evaluation indicated that is functioning at the 18 to 19-month level of cognitive development. His social and self-help skills are higher, placing him within the borderline to low average range of skill development. performed better on motor skill items than on concept items. Strengths were noted on puzzles, blocks, nonverbal imitation and gross motor tasks. Weakest performance appeared to be in the language area. (Summary from Final Placement Summary/Recommendations, , Certified School Psychologist, 6/ /78. Information derived from the following evaluations available on file: Audiological, 3/ /78; Speech and Language, 3/ /78; Vision, 3/ /78; Pediatric, 3/ /78; Psychological, 4/ /78).

DOB: 10/ /75

COMMUNICATION

Present Levels: Results of Title VI evaluation (3/78) indicated that was functioning at approximately the 16 to 18-month level in communication skills. His expressive language skills were slightly more delayed than his receptive skills. Receptively, responds to "come here" with gesture, and understands the names of toys, family members, clothing, and verbs (look, sit, come, go) outside words, and household items. Evaluation in May indicated that was able to point to pictures in a two-choice selection. He could demonstrate the function of household and personal objects. mother reported that currently he can generally understand everything that is said to him. His expressive language consists primarily of sounds and single words such as "Hi, Daddy, juice, ball, up, down, and dog." He approximates some words with sound combinations. He has expressed a few two-word combinations such as "help me." His requests for objects and food items are generally in the form of single words, sound combinations, or gestures. He has recently begun to respond to yes/no questions with a nod, although he is able to say the word "no." He is able to imitate various motor routines such as ring-around-the-rosie. He has begun to imitate a great deal more vocally in relaxed situations. Recommendation following speech and language evaluation (3/78) included promoting generalized imitation especially imitated vocalization, expanding receptive vocabulary, the use of single words in various semantic relations, and the encouragement of the development of two-word combinations.

Receptive Language Goal: To increase ability to demonstrate his understanding of what is said to him.

Objectives:

will point to pictures of objects upon request from groups of three pictures of familiar objects with 90 percent accuracy by January, 1979.

will manipulate objects in response to one-part directions using the prepositions in and on with 90 percent accuracy by January, 1979.

will respond vocally to yes/no questions with 50 percent accuracy by January, 1979.

Expressive Language Goal: To increase use of language to express his needs and desires.

Objectives:

will produce one-word utterances to express his wants and needs (milk, cookie, potty) with 90 percent frequency with prompting by January, 1979.

DOB: 10/ /75

COMMUNICATION (Cont'd)

Expressive Language Goal: To increase vocabulary for naming objects, animals, and actions.

Objectives:

will produce one-word responses to "who" and "what" questions with prompting with 90 percent frequency by January, 1979.

will imitate two-word combinations with 50 percent accuracy by January, 1979.

DOB: 10/ /75

SOCIALIZATION

Present Levels: is an affectionate child, seems always happy and smiles a lot. He enjoys playing with his five-year old sister, his mother, or by himself. He initiates his own play activities as well as play activities with others. He willingly shares toys and is starting to stand up for himself in social interactions. is generally cooperative, responds well to directions, and understands the concept of "no". He responds well to negative consequences of misbehavior. During Title VI evaluation was considered to be reluctant to participate in structured activities and evidenced a rapid disinterest in certain kinds of tasks. mother noted that he seems to need to burn off a little energy through motor activity prior to participating in structured tasks. His interest levels in tasks has improved recently. He enjoys books and playing with blocks and other puzzle-type toys. responds well to social reinforcement. mother noted a recent behavior which may be of some concern. Although he is normally a very gentle child, recently he has begun to throw blocks and other objects at other children, particularly children his own age. Events precipitating this behavior are not known.

Socialization Goal: To increase ability to attend to tasks and activities.

Objectives:

will participate with an adult in a structured language task for a period of five minutes for five consecutive days by January, 1979.

Socialization Goal: To increase ability to interact effectively with peers.

Objectives:

will parallel play with one other child for ten minutes once a day for five days without thrownning any object at the other child by January, 1979.

DOB: 10/ /75

SELF-HELP

Present Levels: At the time of his last evaluation, was able to remove his socks, shirt, and coat and take his pants off most of the way. is currently able to undress himself completely. He is able to manipulate zippers except the initial catch. is not able to put on his coat. He is not able to put on any items of clothing. feeds himself, using a spoon and fork and drinks from a cup with a lid and a straw. When eating, he tends to take too many bites without chewing or swallowing, resulting in his mouth becoming too full to chew. This applies to finger-foods, as well as foods he eats with a fork or spoon. Toilet training has been begun. Although generally responds when placed on a potty, he only occasionally tells when he needs to go. is helpful around the house and willingly picks up toys and fetches things upon request.

Self-Help Goal: To increase independent dressing skills.

Objectives:

will be able to put on his coat with some assistance by January, 1979.

will be able to take off short pants without assistance by January, 1979.

will be able to pull up his pants after they have been put on part-way by January, 1979.

Self-Help Goal: To increase independent toileting skills.

Objectives:

will indicate his need to go to the potty with 50 percent accuracy by January, 1979.

Self-Help Goal: To increase self-feeding skills.

Objectives:

will chew three times and swallow between each bite 50 percent of the time by January, 1979.

DOB: 10/ /75

COGNITIVE

Present Levels: Results of Title VI evaluation (4/78) indicated that is functioning at the 18 to 19-month level of cognitive development. His social and self-help skills were higher, placing him within the borderline to low average range of skill development. performed better on motor skill items than on concept items. Strengths were noted on puzzles, blocks, nonverbal imitation and gross motor tasks. His weakest performance appeared to be in the language area. is currently able to match shapes, including a circle and a square. He is unable to identify shapes by pointing or name any shapes. is unable to match, identify, or name any colors.

Cognitive Goal: To increase concepts of color and shape.

Objectives:

will correctly identify circles and squares given twelve pairs of choices in pictures by January, 1979.

will match two primary colors with 90 percent accuracy by January, 1979.

will correctly identify the color red given twelve pairs of choices by January, 1979.

DOB: 10/ /75

MOTOR

Present Levels: At the time of the Title VI evaluation (4/78), was considered to be functioning at an 18 to 20-month level in the gross motor area--his fine-motor skills being slightly below. He currently is able to walk upstairs and down, placing one foot on each tread, while holding a handrail or steadying himself against the wall. He is able to jump off a bottom step, can stand on one foot for a few seconds, and walks and runs adequately. is unable to jump in place on both feet or hop on one foot. He is able to throw a ball, but cannot kick or catch a ball. Fine-motor skills include building a tower of 5 to 6 blocks, placing three shapes on a board, inserting six pegs in a board and putting a lid on a round box. He was able to put nine cubes in a box, put rings on a peg, and unwrap small objects. He was not able to string beads or turn pages. He scribbled spontaneously with a crayon and imitated a line, but was not able to imitate circular motion. is right-handed and does not use his helpful hand successfully in activities, but attempts to perform entirely with his right hand.

Gross Motor Goal: To increase ability to use large muscles in coordinated movement.

Objectives:

will be able to jump in place on both feet three consecutive times without losing his balance by January, 1979.

will place kick a large ball a distance of five feet without losing his balance by January, 1979.

Fine-Motor Goal: To increase use of both hands in coordinated movement.

Objectives:

will hold a toy with his left hand and operate moving parts with his right hand three out of five times by January, 1979.

will hold a medium-weight string with his left hand while stringing three large beads by January, 1979.

Perceptual/Fine-Motor Goal: To increase use of small muscles in perceptual motor tasks.

Objectives:

will use a crayon to imitate three continuous circular motions on paper by January, 1979.

APPENDIX U

EVALUATIVE SUMMARY

ATTENTION: PLEASE USE LEGIBLE PRINTING OR HANDWRITING

PERIOD COVERING: 9/10/76 to 8/3/77 DATE: 8/3/77
DATES IN ATTENDANCE: Regular Sch. Yr. Present: 150 days Absent: 23 days
Summer Sch. Present: 21 days Absent: 9 days

TITLE VI-B--PRE-SCHOOL CLASS

SUMMARY OF ACADEMIC AND THERAPY PROGRESS REPORTS
SCHOOL YEAR 1976-77

PUPIL'S NAME: C H B.D.: 3-18-73
Last First Middle
PARENT/GUARDIAN M/M School Dist.:
HOME ADDRESS:
DIAGNOSIS: Development Delay
ASSISTIVE DEVICES:

CLASSROOM TEACHER: SPEECH THERAPIST:

PHYSICAL THERAPIST: (9/76-OCCUPATIONAL THERAPIST
6/77-present 6/77)

PSYCHOLOGIST: DATE OF PSYCHOLOGICAL EVALUATION 9/29/76

INSTRUCTIONAL CONTENT AREA: Communication Goal: Child increases awareness and Involvement with environment and increases expressive repetoire through words and gestures.

RELEVANT BEHAVIORS:

C.H follows one step commands appropriately when they are accompanied by gestural cues. She uses vowel vocalizations to attain an adults attention, or to request items. She was initially resistant to vocalization during a task, but has recently begun to vocalize in initative situations.

INSTRUCTIONAL CONTENT AREA: Self-help Goal: Child increases level of independence

RELEVANT BEHAVIORS:

C.H. drinks from a cup, finger feeds and uses a spoon independently. She is resistant to water and needs physical and verbal prompting when attempting personal hygiene skills. She responds to commands involving dressing (i.e. pants down, arms up), but is generally dependent in dressing skills. Toilet training was started during summer session and C.H. currently averages 2 accidents weekly.

Title VI-B-- Pre-School Class

Summary of Academic and Therapy Progress Reports 1976-77

Page 2

INSTRUCTIONAL CONTENT AREA: Socialization: Child increases amount of parallel play and increases spontaneous peer interaction

C.H'S current play patterns are primarily isolative. C.H was transferred to the afternoon session this summer, and an increase of parallel play was observed. She constantly seeks adult attention, but peer interaction is very limited.

INSTRUCTIONAL CONTENT AREA: Behavior Goal: Child eliminates resistance to change in routine, and demonstrates more positive ways of making needs known.

RELEVANT BEHAVIORS:
CH.'s ability to change has greatly improved and she does so without screams or protest 90% of the time. She uses gestures and one syllable utterances to make her needs known 80% of the time, as opposed to crying and temper tantrums.

INSTRUCTIONAL CONTENT AREA: Cognitive Goal: Child increases number and range of problems.
RELEVANT BEHAVIORS: She can solve involving various dimensions of objects. C.H began sorting 2 groups of grossly different objects by shape and color with 75% accuracy this summer. Her ability to duplicate simple block and peg patterns has increased to an 80% rate of accuracy. She has problems with spatial concepts (up,down, over, under etc.), but will imitate these concepts when modelled.

CLINICAL SERVICES

Physical Therapy: Times per week: 1 for 30 minutes.
Referring Physician: Tel.:
Address:
Prescription: Increase strength in head control in prone and sitting: encourage better patterns of functional mobility; increase sitting balance.
Goals: Encourage reciprocal action and muscle tone; improve general muscle strength; encourage and improve grass motor skills.
Progress: C.H exhibits gross motorskills comparable to the average 12 to 15 month child with scatter skills at the 18 month level. This is in contrast to testing in January 1977 when C.H presented skills of an average 9 month old.

Title VI-B-- Pre-School Class

Summary of Academic and Therapy Progress Reports 1976-77
Page 3

CLINICAL SERVICES (Cont'd.)

Additional Comments:

Occupational Therapy: Times per week: 1 for 15-30 minutes.

Referring Physician: Tel:
Address:
Goals: C.H will demonstrate improved motor planning and problem-solving skills in both fine and gross motor tasks.

Progress: C.H. has shown some improvement in her ability to perform a variety of manipulatory tasks upon presentation, but needs continued work in this area on both a fine and gross level. Her attention to a task is extremely poor and she is moderately distractible.

APPENDIX V

SAMPLE IEP FROM HI CLASS

I. E. P. Recommendations for S. R for beginning school year Sept. 77

1. increase general language complexity of conversations, descriptions of objects and events for his understanding

2. encourage attempts to answer WH questions

3. increase understanding of past verb tense

4. deepen understanding of prepositional phrases

5. strive for localization of source of speech sounds at ten feet in quiet surroundings and five in noise

6. encourage imitation of increased vocabulary and phrases according to correct stress and speech patterns

7. increase amount and complexity of phrases understood auditorally

8. increase speech approximation of familiar vocabulary and phrases

PRESENT EDUCATIONAL LEVELS

ANNUAL GOALS AND SHORT-TERM OBJECTIVES

Summary of child's status by psychologist, physician, therapist and other consultative services:
S, born 6- -72, has been enrolled in a class for hearing-impaired children because according to an audiological and otological examination, he has a bilateral progressive moderate-severe hearing loss and requires use of a hearing aid. This has contributed to demonstrated language competencies below what is expected for his chronological age and reduced use of residual hearing.

Reports and various kinds of testing results are on file at the Lansdale School for Hearing Impaired Children. The latest psychological report was done on 7- -76 by for Title VI Pre-school Project. The latest audiological report was done by at Children's Hospital on 10- -76.

Comments: The following education program has been developed for completion by June 1977. Performance on the objectives is to be expected 80% of the time unless if noted "inconsistent response" which means 50% performance.

I. Communication

Entrance Level Sept. '76:

spontaneous expressive language was verbal 2 to 3 word sentences, sometimes accompanied by signs
large auditory receptive vocabulary
with the use of total communication, demonstrates comprehension of a wide range of commands and with help or repetition, questions
auditory response to clued and unclued sounds and words at 10 feet.

Receptive Goal:

S shall be guided to development of receptive language competencies and maximum use of residual hearing for interaction with peers and adults, for appropriate understanding in lessons, for following a wide range of simple commands and questions in the classroom.

Objectives:

S The child shall demonstrate understanding that words can describe location of an object or person by indicating place of person or object that the teacher describes.

The child shall demonstrate understanding of the question forms what, where, who, how and why when used to get information about something.

The child shall demonstrate understanding of plurality by indicating more than one object or person when the teacher gives the plural form.

I have 2 boxes- just beginning

+ The child will demonstrate understanding of time relationships by pointing to the appropriate picture when the teacher uses past and present verb tenses to describe the action.

S The child will indicate understanding of precise descriptions of objects or events the teacher presents by pointing to the correct object or carrying out the appropriate direction.

+ The child will indicate understanding of "to, for, with" by carrying out appropriate directions given by the teachers.

+ The child indicates understanding of pronouns by demonstrating appropriate relationships when the words are presented by the teacher.

S The child will indicate understanding of spatial relationships by carrying out teacher's directions which incorporate on, in, next to, in front of, under, behind, and between.

Use of Auditory Oral Aspects of Language - Receptive Language

+ S The child shall demonstrate recognition of source of sound by indicating its location 3-10 feet
  - a. environmental sounds
  - b. speech sounds

+ The child shall discriminate the length of production by indicating which is longer
  - a. environmental
  - b. speech

+ The child shall respond to intonation patterns by imitation
  - a. phrases
  - b. sentences

+ The child shall respond to stress patterns by imitation
  - a. words
  - b. sentences

+ The child shall attach meaning to the acoustic message by indicating objects or picture referred to auditorally
  - a. Gross discrimination
  - b. Fine discrimination

+ The child will extract information from the acoustic message by following directions or answering a question

+ + The child will produce words of difficulty making use of a multisensory approach emphasizing audition

Expressive Goal:

- S shall be guided to development of expressive language competencies for communicating with peers and adults, expressing needs and wants, for requesting and ingesting information, for describing present and past events, for verbalizing feelings.

Objectives:

+ The student will combine words to take about a change in location

S The student shall express his wants by using words as like, want, need

+ The student will use words to denote location of an object or a person

The student shall use "what", "Where" and "why" to get information

- The child shall use words like gonna hafta or let's (maybe) to demonstrate their understanding that events are not limited to the immediate.

- The child demonstrates understanding of possession through use of the 's' ending.

S The child will use "am, is and are" in their communication

II. Motor

Entrance Level Sept. '76:

Commensurate with age level and ability
alternates feet going up and down stairs
can run or turn without falling
throws bean bag in basket at 4 feet
cuts along a straight or curved 4" line
colors within circle

Gross Motor Goal:

S shall be guided to development of gross motor skills commensurate with age level and ability.

Objectives:

+ The child will gallop smoothly leading with either foot 10 feet.

+ The child will throw a ball forward 18 feet holding the ball in one hand.

+ The child will bounce a large ball under control for 4 bounces.

+ The child will hop on 1 foot 4 hops without aid.

+ The child will keep a balloon from touching the floor by batting it for 30 seconds.

Fine Motor Goal:

S shall be guided to development of fine motor skills commensurate with age and ability.

Objectives:

+ The child will demonstrate the ability to lace a shoe

+ The child shall demonstrate the ability to tie his/her shoe lace in a single knot

+ The child will be able to follow a given stimulus with his eyes without moving his head

III. Self-Help

Entrance Level Sept. '76:

able to put on and take off outdoor and indoor clothing unassisted excluding fastening
able to wash hands unassisted
toilets unassisted
pours from pitcher unassisted without spilling

Self-Help Goal:

S shall be guided to development of self-help skills necessary in carrying out activities in the classroom, commensurate with age and ability.

Objectives:

+ The student shall attempt to button buttons. The student shall demonstrate ability to button large buttons.

+ The student shall inconsistently use kleenex without reminding and throw it in the appropriate container.

+ The student will consistently stop at the curb and not cross the street before being told.

IV. Socialization

Entrance Level Sept. '76:

able to initiate and join in play with peers and teacher with enjoyment and expected sharing skills
some lack of ability to express himself when angry or sad
takes responsibility for repeating and remembering the teacher's rules for the children
often asks if its all right to do something
attention time ample for group, single and lesson activities

Interpersonal Goal:

S shall be guided to development of interactive social behavior commensurate with age and ability.

Objectives:

+ The child shall put away toys after free play without being reminded

+ The child will demonstrate the ability to try new things independently

Behavior Goal:

S shall be guided to development of increased self-confidence, independence and social maturity commensurate with age level and ability

Objectives:

+ The child will achieve social contact through the use of language such as meaningful gesture, verbal approximation, formal sign

V. Cognitive

Entrance Level Sept. '76:

interaction with environment in meaningful activity
appropriate play with meaningful objects
identifies gender
number concept to 10
gives first and last name
names 4 basic shapes

Reasoning Goal:

S shall be guided to development of ability to form strategies for problem solving which incorporate observation, discovery, prediction, cause and effect.

Objectives:

+ The child will imitate developmentally appropriate modeled behaviors upon request

+ The child will indicate use of common toys or household items when shown a picture of them

+ The child observes and asks questions about other's activities

+ The child shall discover that one object has another purpose

Perceptual Goal:

S shall be guided to development of perception skills commensurate with his age and ability.

Objectives:

+ The child will be able to place object in front of or in back of himself when requested

+ The child will be able upon holding or lifting 2 objects to tell which is heavy and which is light, i.e., block and feather

The child will repeat finger plays with actions from memory (finger plays to be of simple actions of 4-6 sentences)

+ The child will name shapes, circle, triangle and square in his environment no matter what form the shapes take, i.e. table top, picture frame

APPENDIX W

HEARING IMPAIRED CLASS GOALS

MONTGOMERY COUNTY INTERMEDIATE UNIT
PRE-SCHOOL PROGRAM FOR THE HEARING IMPAIRED
CONTENT CURRICULUM OUTLINE

I. CONCEPT OF SELF
   A. Understanding of concept that all people have names.
   B. Ability to answer what's your name?
   C. Demonstrates comprehension or use of related vocabulary including sister, brother, parent, person, people.

II. BODY PARTS
   A. The child will add to his receptive or expressive vocabulary the names of major body parts and functions of some.
   B. Child will be guided in awareness of his body's movements and capabilities.

III. EMOTIONAL AND PHYSICAL FEELINGS
   A. Child will be guided to understanding that he can feel different ways and what the reasons are for them.
   B. Child will be able to tell how he feels and attempt to answer why.

IV. SEASONS AND WEATHER
   A. Child will be exposed to concept that each season has its physical characteristics and that there are special activities and holidays for each season, that there are special clothes for each season.
   B. Child will answer to what is the weather today having been exposed to concepts that there are different kinds of weather, that the temperature changes and the weather is different in each season.

V. CLOTHING
   A. Child will add to his receptive or expressive vocabulary the names of certain articles of clothing along with related expressions.
   B. Child will be exposed to concepts of why we wear clothing and how weather determines clothing.

VI. SHAPES AND COLORS
   A. Child will add to expressive vocabulary the major colors.
   B. Child will identify 4 basic shapes and find them in forms of real things.

VII. FOOD
   A. Child will add to his receptive or expressive vocabulary the names of certain food items along with related expressions.
   B. Child will be exposed to concepts of why we need food, the names of the meals, how we fix foods for eating.
   C. Child will sort foods appropriate for each meal and will sort vegetables, meat and fruit.

VIII. FAMILY
   A. Child will be exposed to concepts that a family has many members, what their jobs are.

IX. DAILY ACTIVITIES
   A. Child will be exposed to discussion of sequence of activity in his normal day and will participate in sequencing pictures of same.

X. HOLIDAYS
   A. Child will be exposed to discussions about general customs of the holidays. Cooking, art projects and stories will center on holiday symbols.

XI. HOME

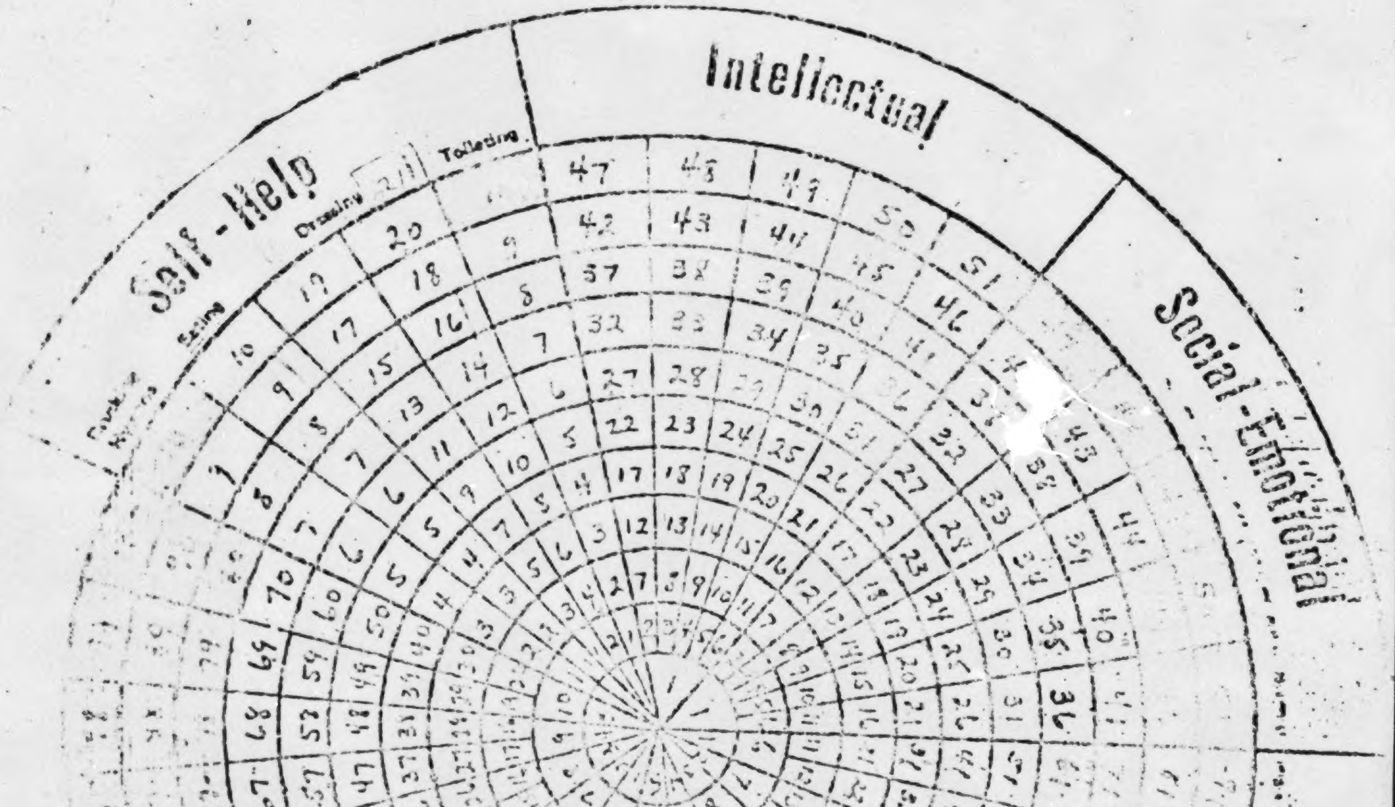
Child will be exposed to certain concepts, vocabulary and expressions concerned with a house.

A. Home is where I live.
B. Homes are different but all have somethings.
C. Homes have certain rooms for certain functions.
D. Homes give us shelter and provide a place for families to live together.
E. We care for ourselves, our belongings and our home.

APPENDIX X

SCHAUMBERG CHART

Jennie E. Swanson, Director
COMMUNITY CONSOLIDATED SCHOOL DISTRICT 54
804 W. Bode Road
Schaumburg, Illinois 60172


Intellectual
Social-Emotional
Language
Motor
Self-Help
Toileting
Dressing
Eating

Developmental Milestones:

COPYRIGHT © 1973 by Community Consolidated School District No. 54, Cook County, Illinois, 804 West Bode Road, Schaumburg, Illinois 60172

APPENDIX Y

PRESCHOOL SPEECH AND LANGUAGE PARENT DEVELOPMENT SESSIONS

TITLE VI PARENT WORKSHOPS

SPEECH AND LANGUAGE DEVELOPMENT IN THE PRE-SCHOOL YEARS

1977 - 1978 SCHOOL YEAR

SCHOOL DISTRICTS	DATES	ATTENDANCE
Methacton*	April 4, 5, 11, 12, 1978	25
	April 18, 19, 25, 26, 1978	25
	May 2, 3, 9, 10, 1978	25
North Penn	April 17, 24, May 1, 8, 1978 (Am)	18
	April 17, 24, May 1, 8, 1978 (Pm)	14
Norristown	April 20, 27, May 4, 11, 1978	2
Upper Merion	May 16, 18, 23, 25, 1978	30
	Total Attendance	139

Parents had children of the following ages:

Age	Number of Children
0-6 months	9
7-11 months	10
12-18 months	28
19-24 months	17
2 years	42
3 years	30
4 years	29
5 years	17
6 years	50

Children older than 6 years have not been counted.

Total......232

* It should be noted that this is the second consecutive year that Methacton has sponsored the workshop.